“THE BUTTERFLY EFFECT”

THE ESSENTIAL STRUCTURE OF THE LIVED EXPERIENCE OF COLLEGE STUDENTS WHO ARE FAMILY MEMBERS OF VETERANS WITH PTSD WHO SERVED IN THE IRAQI-AFGHANISTAN ARMED CONFLICTS: INTERGENERATIONAL TRAUMA

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Abbie J.A. Kovner-Teixeira-Neves

Dissertation Committee:

John Casken, Chairperson
Lois Magnussen
Janice Shoultz
Penny Morrison
Stacey Roberts

Keywords: intergenerational trauma, secondary trauma, vicarious trauma, college students, family members, dependents, PTSD, veterans, Iraqi-Afghanistan, war, armed conflicts.

DEDICATION

First and foremost, I would like to dedicate this work to God for answering my prayers, performing miracles, and being there for me in my darkest hours.

To my children Rosemary, Jasmine, Mark, and Reina for encouraging me.

To my son-in-law Justin for his service and sacrifice to our country as a Navy veteran, who almost did not make it to his wedding or the birth of his first child due to his service obligations and was deployed for six months a few days after she was born, which left my daughter Jasmine alone as a first time mommy and showed me the importance of having a strong support system for the family members because they serve too.

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The Butterfly Effect - According to Chaos Theory, something as small as the flap of a butterfly’s wings in Brazil can set off a tornado in Texas (Lorenz, 1972).

ABSTRACT

Background: Post traumatic stress disorder (PTSD) has become widely known as one of the 'signature injuries' of the Iraqi-Afghanistan armed conflicts. The indirect experiencing of trauma from a close family member's PTSD is conceptualized in the literature as secondary, vicarious, or intergenerational trauma. Intergenerational trauma is a significant problem which is likely to continue given the current U.S. involvement and state of unrest in countries such as Iraq, Afghanistan, and Syria. This problem has become more apparent as an increasing number of family members/dependents are using veteran's administration education benefits to return to college due to military force shaping with little to no specific supportive services in place.

Purpose: To gain insight into the lived experience of college students who were family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts.

Methodology: A transcendental phenomenological design was used. Participants/co-researchers were selected via purposive non-probability sampling using a snowball technique. Data was collected via semi-structured interviews. The transcribed interviews were analyzed using Moustakas' (1994) Modified Van Kaam method of phenomenological reduction.

Findings: After identifying horizons and invariant constituents (unchanging horizons, four core themes were identified; powerlessness, silence, apprehensiveness, and loss, all of which were tested through application validation. Individual textural and structural descriptions were synthesized into a composite textural-structural description of the true essence and meaning of the experience of the phenomenon that represented the group as a whole.

Recommendations: Further research, practice, and policy changes are recommended to develop supportive services for college students who are family members of veterans with PTSD.

Keywords: intergenerational trauma, secondary trauma, vicarious trauma, college students, family members, dependents, PTSD, veterans, Iraqi-Afghanistan, war, armed conflicts.

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LIST OF ABBREVIATIONS

APA	American Psychiatric Association
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CITI	Collaborative Institutional Training Initiative
CSDC	Counseling and Student Development Center
DOD	Department of Defense
DSM	Diagnostic and Statistical Manual for Mental Health Disorders
HCC	Honolulu Community College
IRB	Institutional Review Board
ISTSS	International Society for Traumatic Stress Studies
KCC	Kapiʻolani Community College
LCC	Leeward Community College
MeSH	Medical Subject Headings
NCBI	National Center for Biotechnology Information
ODS	Operation Desert Storm/Operation Desert Shield
OEF	Operation Enduring Freedom
OFS	Operation Freedom's Sentinel
OIF	Operation Iraqi Freedom
OIR	Operation Inherent Resolve
OND	Operation New Dawn
OVSS	Office of Veteran Student Services
PILOTS	Published International Literature on Traumatic Stress
POW	Prisoner of War
PTSD	Post-Traumatic Stress Disorder
TBI	Traumatic Brain Injury
UH	University of Hawaiʻi
UH IRAO	University of Hawaiʻi Institutional Research and Analysis Office
UH OVSS	University of Hawaiʻi Office of Veteran Student Services
VA	Veterans Administration
WCC	Windward Community College
WW	World War

CHAPTER 1: INTRODUCTION

Post-traumatic stress disorder (PTSD) has become widely known as one of the 'signature injuries' of the Iraqi-Afghanistan armed conflicts affecting approximately 11 – 20 % of veterans in a given year (National Center for PTSD, 2018). The effects of PTSD on those who directly experienced trauma, as well on those who indirectly experienced trauma, such as close family members, has been extensively studied in many different populations. The indirect experiencing of trauma from a close family member's PTSD has been conceptualized in the literature as secondary, vicarious, or intergenerational trauma. The concept of intergenerational trauma is a context-dependent phenomenon that has been identified in a variety of contexts and continues to evolve over time.

The concept of intergenerational trauma has been studied in the contexts of family members of veterans of war or armed conflicts, WWII Holocaust survivors, former prisoners of war (POW)s, survivors of acts of terrorism or political violence, historical trauma (oppression, slavery, genocide, refugees, religious suppression, colonization, displacement of indigenous people), interpersonal violence (domestic violence, physical, or sexual abuse), and healthcare providers who work with victims of trauma. However, little is known about the concept of intergenerational trauma in the context of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts, specifically family members who are college students.

Historical Background

The concept of intergenerational trauma in the context of war or armed conflict more explicitly emerged from the literature on WWII Holocaust survivors with PTSD whose family members developed similar symptoms (Berger, 2014; Danieli, Norris, & Engdahl, 2016; Fossion et al., 2015). Danieli (1998) conceptualized the theory of trauma and the continuity of self: a

multidimensional, multidisciplinary, integrative framework. Danieli, Norris, and Engdahl (2016) later developed a testable conceptual model to operationalize the theory and hypothesized that the parent's family history and post-trauma family milieu influenced the intensity of the parent's post-traumatic adaptation that in turn determined the severity of their children's reparative adaptational impacts. They tested the model with 422 adult children of WWII Holocaust survivors and found that the data fit the model path (Danieli, Norris, & Engdahl, 2016).

Research on the concept of intergenerational trauma was expanded to include the contexts of family members of veterans who served in the Vietnam War (O'Toole et al., 2016), and other wars (non-Iraqi-Afghanistan, WWII or Vietnam armed conflicts) (Barron & Abdallah, 2015; Diehle, Brooks, & Greenberg, 2017; King & Smith, 2016). Studies were also conducted in the contexts of family members of POWs (Greene, Lahav, Bronstein, & Solomon, 2014; Zerach, Levin, Aloni, & Solomon, 2016; Zerach & Solomon, 2018), and survivors of acts of terrorism (Pfefferbaum, Tucker, North, Jeon-Slaughter, & Nitiéma, 2014).

Application of this concept evolved to include the contexts of historical trauma in family members of survivors of oppression such as the Apartheid system in South Africa (Adonis, 2016), the Khmer Rouge regime in Cambodia (Field, Muong, & Sochanvimean, 2013), WWII incarceration of Japanese Americans (Nagata, Kim, & Nyguen, 2015), slavery (Graff, 2014), genocide (Bezo & Maggi, 2015; Roth, Neuner, & Elbert, 2014), and refugees of political violence (Betancourt, McBain, Newnham, & Brennan, 2015; Dalgaard & Montgomery, 2015; Hudson, Adams, & Lauderdale, 2016; Sangalang & Vang, 2016). This concept has also been extensively studied in the contexts of historical trauma due to religious suppression (Kaymak, 2016), (Bourassa, Blind, Dietrich, & Oleson, 2015), displacement of indigenous people (Kirmayer, Gone, & Moses, 2014) such as, Papua New Guinean people (Knausenberger &

Rossouw, 2015), Aboriginal Australian people (Aguiar & Halseth, 2015; Hatala, Desjardins, & Bombay, 2016), Native Americans (Ehlers, Gizer, Gilder, Ellingson, & Yehuda, 2013), Inuit Canadian indigenous people (Crawford, 2014; Gabel, Pace, & Ryan, 2016), and Native Hawai`ians (Braun, Browne, Ka‘opua, Kim, & Mokuau, 2013; Pohkrel & Herzog, 2014).

Another large body of literature on the concept of intergenerational trauma can also be found in the contexts of family members of survivors of interpersonal violence (Choi et al., 2017; Lang & Garstein, 2017; McFarlane, Symes, Binder, Maddoux, & Paulson, 2014; Samuelson, Wilson, Padrón, Lee, & Gavron, 2016), such as, domestic violence (Enlow, Egeland, Carlson, Blood, & Wright, 2014; Fredland et al., 2016; Iyengar, Kim, Martinez, Fonagy, & Strathearn, 2014), and physical or sexual abuse (Babcock-Fernerci, Chu, & DePrince, 2016; Babcock-Fernerci & DePrince, 2018). Another more recent area of research interest on this concept is in healthcare providers who work with victims of trauma (Coddington, 2016). The concept of intergenerational trauma has been referred to by different terms over time, has varied from context to context, and continues to evolve.

In previous formal research studies, close family members of veterans with PTSD have exhibited symptoms similar to those of the veteran (Baum, 2014). Figley (1982) conceptualized this as ‘secondary traumatization syndrome’ as a method of describing the phenomenon of indirect traumatization in individuals living in close proximity to survivors of violent trauma who may over time become direct victims of the trauma (Baum, 2014). Figley (1995) defines secondary traumatization as “a syndrome of symptoms nearly identical to PTSD that arises from exposure to knowledge about a traumatizing event experienced by a significant other” (p. 8). In other words, the symptoms of secondary traumatization syndrome or intergenerational trauma are the same as the symptoms of PTSD, but have a different etiology (Baum, 2014; Figley, 1982;

Figley, 1993; Figley, 1995).

Zerach, Kanat-Maymon, Aloni, and Solomon (2016) conducted a 23-year-long longitudinal study and found that adult offspring of former POWs with PTSD reported more secondary trauma symptoms than adult offspring of former POWs without PTSD, as well as adult offspring of a control group without PTSD. Zerach, Levin, Aloni, and Solomon (2016) published additional results from the same study, which also included data from the mothers of the children, found that PTSD symptoms in both the fathers and mothers were positively related to their adult offspring's PTSD symptoms. Nicolai, Zerach, and Solomon (2017) also published supplementary results from the same study and reported that increases in the father's PTSD symptoms over time was correlated to lower levels of self-differentiation in their adult offspring, which in turn was correlated to higher rates of PTSD symptoms in their adult offspring.

It is important to note that two applications of the concept of intergenerational trauma have been illustrated in the literature (Baum, 2014). Much of the literature uses the concept of intergenerational trauma in a broader sense and refers to the full range of symptoms that may be experienced by the family member of someone with PTSD including generalized symptoms of anxiety, depression, and emotional or behavioral distress (Baum, 2014). A smaller, yet significant amount of the literature uses the concept of intergenerational trauma in a narrower sense to refer to the transmission of PTSD-specific symptoms from someone with PTSD to their family members (Baum, 2014). The use of two applications of the concept of intergenerational trauma adds even more ambiguity to an already nebulous concept and creates difficulty in comparing prior research and further studying the concept.

According to the American Psychiatric Association's (APA) (2013) Diagnostic and Statistical Manual for Mental Health Disorders, 5th Edition (DSM-5), there are eight diagnostic

criteria for PTSD which include: a) direct or indirect exposure to trauma; b) intrusive recollection/re-experiencing; c) avoidance; d) negative cognitions and mood; e) alterations in arousal or reactivity; f) one month duration or longer; g) significant functional impairment; and h) exclusion - the disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition (APA, 2013, pp. 271-272). The DSM-5 (APA, 2013), included a key change from the previous version, DSM-IV-TR (APA, 2000), in that the exposure to trauma criterion was expanded and refined to include indirect exposure to trauma "Learning that the traumatic event(s) occurred to close family or close friend…[and]… experiencing repeated or extreme exposure to aversive details of the traumatic event(s)" (APA, 2013, p. 271). This key change provides unequivocal proof that secondary or intergenerational trauma is diagnosable by the same criterion as PTSD and infers that the risk factors are likely the same.

It has only been more recently that the concept of intergenerational trauma in the context of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts has been drawn into the limelight (Department of Defense [DOD], 2010). The Iraqi-Afghanistan armed conflicts include: the Persian Gulf War (also known as Operation Desert Shield and Operation Desert Storm) (ODS) ranging from 1990 to 1991, as well as Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), Operation Freedom's Sentinel (OFS), Operation New Dawn (OND), and Operation Inherent Resolve (OIR) ranging from September 11, 2001 to the present (Torreon, 2015). The concept of intergenerational trauma clearly crosses all contexts. The earliest key study on the impact of these specific wars was conducted in 2004 (Hoge et al., 2004). However, this study was not focused on the impact on family members, but rather on the impact of pre- and post-deployment PTSD, traumatic brain injury and depression

on the veteran (Litz & Schlenger, 2009). Shortly thereafter, studies specifically pertaining to the impact on family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts began to emerge (Flake, Davis, Johnson & Middleton, 2009). Despite the wealth of information on this concept, there is very little literature that is specific to the population of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts (Devakumar, Birch, Osrin, Sondorp, & Wells, 2014).

Significance of the Problem

The National Comorbidity Survey Replication study conducted between February 2001 and April 2003 on a representative national sample of 5,692 Americans aged 18 years and older estimated a lifetime prevalence rate of PTSD of 6.8% in the general population (Gradus, 2017). These findings were comparable to the findings of the first National Comorbidity Survey conducted in the early 1990s of a representative national sample of 8,098 Americans aged 15 to 54 years which estimated a lifetime prevalence rate of PTSD of 7.8% in the general population (Gradus, 2017). The estimated lifetime prevalence rate of PTSD in veterans who served in the Iraqi-Afghanistan armed conflicts is nearly double that of the general population (Gradus, 2017). A study was conducted by the Research and Development (RAND) Corporation between April 2007 and January 2008 of veterans who served in the Iraqi-Afghanistan armed conflicts. Estimated lifetime prevalence rate for PTSD among the 1,938 participants was 13.8% (Gradus, 2017; Tanielian & Jaycox, 2008). A much larger study, The National Health Study for a New Generation of U.S. Veterans, was conducted between 2009 – 2011 of 20,500 veterans who served in the Iraqi-Afghanistan armed conflicts and indicated a similar prevalence rate for PTSD of 13.5% (Dursa, Reinhard, Barth, & Schneiderman, 2014; Gradus, 2017).

An overwhelming majority of studies reveal clinically significant problems in family

members of veterans who served in the Iraqi-Afghanistan armed conflicts, especially veterans who served in combat zones (Flake, Davis, Johnson, & Middleton, 2009). Since 2001, over 2.6 million U.S. troops have served in the Iraqi-Afghanistan armed conflicts, more than 40% of them have been deployed more than once (DOD 2015; Watson Institute, 2015), and nearly 53,000 troops have been wounded in action (DOD, 2018). Returning service members are susceptible to developing mental health problems, which has a tremendous impact on their family members (DOD, 2018). The impact of combat injuries on a veteran can be visible or invisible. Invisible injuries, such as PTSD, traumatic brain injury (TBI), and depression, have affected approximately 30% of troops returning from deployment (Gradus, 2017).

Nearly half of the troops who have served in the Iraqi-Afghanistan armed conflicts are married or partnered with an average of two children per family (Baiocchi, 2013; Brendel, Maynard, Albright, & Bellomo, 2014; DOD, 2015; Price, 2016). Nearly four million children in the US, 40% under the age of five, have been affected by their parent's deployment to Iraq or Afghanistan (DOD, 2018). According to the National Center for PTSD (2015), although family reunification is usually anxiously anticipated, up to 75% report adjustment problems. The family's excitement of reuniting is often short-lived as family members discover dramatic changes in their loved one, straining once strong relationships. Veterans with invisible injuries were more likely to have family problems upon return.

A distinctive feature of the Iraqi-Afghanistan armed conflicts is the mobilization and deployment of the largest number of troops since the Vietnam War, with a high reliance on National Guard and Reserve Troops (Browne et al., 2007; Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010). National Guard and Reserve troops are typically more mature in age, have full time civilian jobs, and tend to be married or partnered with children. This makes it much harder

for them to be deployed and separated from their families for long periods of time compared to active duty troops. Also, their family members typically do not live near the military base, so their access to support and healthcare is limited (Bjornestad, Schweinle & Elhai, 2014).

The significance of the impact of intergenerational trauma on family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts is exemplified by the following quote:

> "The nature of the conflicts in Afghanistan and Iraq increases the risk of psychological distress and trauma for veterans. There are five key contributing factors to the increased risk: 1) face-to-face combat in an urban environment where there are no front lines, and everyone (men, women, and children) must be treated as the enemy; 2) the need to remain in a constant state of hypervigilance in an attempt to avoid highly lethal improvised explosive devices; 3) stop-loss policies that force military personnel to remain in the service beyond the end of their contracts; 4) repeated deployments with insufficient downtime for rest and recuperation between them; and 5) the improved survival rate of seriously wounded veterans, leaving many of them significantly, and permanently disabled, and requiring long-term care. Approximately 30 percent of veterans who had returned from their first deployment to Iraq were suffering from depression, anxiety, or PTSD" (Demers, 2009, p.1).

Problem Statement

Given the current U.S. involvement and the state of unrest in countries such as Iraq, Afghanistan, and Syria it is highly likely that U.S. troops will continue to be deployed to situations where they will potentially engage in combat (Ferdinando, 2016; Martinez, 2015). As a result, approximately 10 – 15% of veterans will likely continue to return home with PTSD.

Studies have found that family members are greatly affected by PTSD in veteran family member and are prone to developing intergenerational trauma at rates similar to that of PTSD in veterans. With the military moving from downsizing to force shaping, colleges nationwide have seen increased numbers of veterans and their family members returning to college. Many of the children of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts are now young adults. Many family members, including adult children and spouse/partners, are using VA education benefits to return to college. It is suspected that a significant number of college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts may be affected by intergenerational trauma.

The population of focus of for this study was college students attending one of the six University of Hawai‘i (UH) campuses on the island of O‘ahu who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. The six UH campuses on the island of O‘ahu include: UH Mānoa, UH West O‘ahu, Honolulu Community College (HCC), Kapi`olani Community College (KCC), Leeward Community College (LCC), and Windward Community College (WCC). According to the UH Institutional Research and Analysis Office (IRAO) (2018), student tuition status, the approximate number of college students attending UH campuses on O‘ahu who used veteran education benefits in Fall 2018 is 2,059 including 1,170 veterans (37 national guard/reserve exempt and 1,133 military exempt) and 889 family members/dependents (UH IRAO, 2018). Given the comparable rates between PTSD in veterans and intergenerational trauma in family members it could be postulated that 11 – 20 % (97 – 178) of these approximately 889 family member/dependent UH college students on O‘ahu may have a family member who is a veteran with PTSD who served in the Iraqi-Afghanistan armed conflicts. (see Table A1.1).

TABLE A1.1

Fall 2018 Number of Students Using Veteran's Educational Benefits at UH Campuses on Oʻahu (UH IRAO, 2018)

UH Campus	Non-Resident National Guard/Reserve Exempt (Veterans)	Non-Resident Military Exempt (Veterans)	Non-Resident Veteran/Dependent Exempt (Family Members)	Total Students
Mānoa	20	350	326	**696**
West Oʻahu	7	95	92	**194**
HCC	1	88	107	**196**
KCC	3	175	132	**310**
LCC	6	317	191	**514**
WCC	0	108	41	**149**
Total	**37**	**1,133**	**889**	**2,059**

Note. HCC = Honolulu Community College, KCC = Kapiʻolani Community College, LCC = Leeward Community College, WCC = Windward Community College.

Over the past few years, there has been a steady increase in student veteran-specific supportive services at all six UH campuses on Oʻahu, as well as generalized supportive services for family member/dependents who are using VA education benefits. Although there has also been an increase in family members/dependents of veterans using VA education benefits to return to college, there are little to no supportive services specifically tailored to college students who are family members/dependents of veterans (UH HCC Veteran's Resource Center, 2019; UH KCC Veteran and Military Resource Center, 2019; UH LCC, Veteran's Resource Center, 2019; UH Mānoa Office of Veteran Student Services, 2019; UH West Oʻahu Veteran Student Services, 2019; UH WCC Veterans). UH college students on Oʻahu who are family members/dependents of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts

may greatly benefit from supportive services as they are often greatly affected by their veteran family member's PTSD. However, these services will likely not be put into place until intergenerational trauma in family members is acknowledged and supported through research.

Statement of Purpose

The purpose of this study was to gain insight into the essential structure of the lived experience of the phenomenon of intergenerational trauma in the population of college students attending a UH college campus on O'ahu who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts.

Research Question

What is the essential structure of the lived experience of students attending a UH college campus on O'ahu who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts?

Overview of Methodology and Rationale

A qualitative design was selected for this study because intergenerational trauma is a complex phenomenon that is not well understood in this specific population. When there is no existing research on a topic, a qualitative design is recommended because it helps to lay the foundation for future quantitative studies. A transcendental phenomenological design was considered appropriate due to the thick data that emerges from this type of design, which allows for rich descriptions of the meanings, and understandings, and essential structure of the phenomenon of intergenerational from the perception of those who have lived the experience (Moustakas, 1994; Smith, 2008).

Organization of Dissertation

This dissertation study is organized into five chapters. Chapter 1 provides an

introduction, historical background, significance of the problem, problem statement, statement of purpose, research question, overview of methodology with rationale for selection of this design, along with a summary of the chapter. Chapter 2 provides a comprehensive review of the literature including the purpose, review methods, search strategies, findings, synthesis, themes, discussion, strengths and limitations, and restates the research question, along with a summary of the chapter. Chapter 3 provides an overview of naturalistic inquiry and qualitative research designs. An in-depth description of the transcendental phenomenological design, the specific terminology, and the rationale for this research approach will be given. The role of the qualitative researcher and methods that were used to establish trustworthiness will be described. The research methods; sample selection, protection of human subjects, inclusion criteria, exclusion criteria, recruitment process, and informed consent will be detailed. A description of data collection methods, demographic data collection, the interview process, and data storage and management will be provided. The data analysis methods used in Moustakas' (1994) Modified Van Kaam Method of transcendental phenomenological reduction, will be detailedalong with a summary of the chapter. Chapter 4 provides the results of the study including a description of the sample. It discusses the outcomes of analysis using Moustakas (1994) Modified Van Kaam Method of transcendental phenomenological reduction, along with summary of the chapter. Chapter 5 provides a discussion of the findings along with strengths, limitations, as well as implications and recommendations, for future research, practice, and policy changes, along with a summary of the chapter.

Summary of Chapter 1

As mentioned previously, PTSD has become widely known as one of the 'signature injuries' of the Iraqi-Afghanistan armed conflicts. The indirect experiencing of trauma from a

close family member's PTSD has been conceptualized in the literature as secondary or intergenerational trauma. The concept of intergenerational trauma is a context-dependent phenomenon that has been identified and studied in a variety of contexts and continues to evolve over time. However, there is a paucity of formal research on the concept of intergenerational trauma in family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. This is a significant problem which is likely to continue given the current U.S. involvement and state of unrest in countries such as Iraq, Afghanistan, and Syria and it is highly likely that U.S. troops will continue to be deployed to situations where they will potentially engage in combat. This is a noteworthy problem and the importance of addressing this problem has become more apparent as an increasing number of family members/dependents are using VA education benefits to return to college due to military force shaping with little to no family member/dependent-specific supportive services in place.

CHAPTER 2: REVIEW OF THE LITERATURE

Introduction

As discussed in Chapter 1, research on the concept of intergenerational trauma in the general population of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts is lacking. More explicitly, there is an even greater paucity of research in the specific population of college students who are family members/dependents of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. This literature review served as a foundational basis to guide this study.

Purpose of Literature Review

The purpose of this review of the literature was to analyze, synthesize, and critique the current state of knowledge on the concept of intergenerational trauma in college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. This review of the literature was guided by several questions. What is the current state of knowledge on this topic? What types of research are lacking in this area? What can be added to the current knowledge base by this review of the literature?

Review Methods

A review of the literature was conducted which included a search of online databases until saturation was reached. The literature was evaluated and filtered through specific inclusion and exclusion criteria. The articles were rated and coded based on their level of evidence. The data was categorized and put into a matrix as part of data reduction to facilitate analysis. The data was then systematically compared to identify patterns, themes, relationships, key points, sample characteristics and limitations, as well as gaps in the knowledge base.

Search Strategies

Data sources. Articles were sourced from the following online databases; CINAHL, Published International Literature on Traumatic Stress (PILOTS), MEDLINE, PubMed, PubMed Central, MyNCBI, EBSCOhost, Military-Government Collection, Psychology and Behavioral Sciences Collection, and Google Scholar, all of which employ a variety of sub-databases. Articles were also retrieved from national agencies and reference lists.

Keywords. The keywords utilized in the search were combinations of the following keywords, phrases, MeSH terms, and the Boolean operators "AND" and "OR." Key words focused on the war or armed conflict era included: Iraq, Afghanistan, Persian Gulf, Kuwait, ODS, OIF, OEF, OFS, OND, and OIR. Additional key words focused on the type of injury included: the impact of war, armed conflict, combat, deployment, parental combat injury, PTSD, combat-related PTSD, military-related PTSD, war-zone-related PTSD, and invisible injuries of war. Further key words focused on the affected population included: children, families, family members, dependents, parents, partners, spouses, spousal relationships, students, and college students. Other key words focused on the concept and methods of transmission included: secondary trauma, intergenerational trauma, transgenerational trauma, multigenerational trauma, contagious trauma, vicarious trauma, secondary traumatic stress syndrome, trauma-related distress, traumatic sequelae, biased information processing in PTSD, PTSD vulnerability, transmission, communication, transference, effects, impact, and influence of PTSD.

Inclusion criteria. The literature was then evaluated and filtered through specific inclusion and exclusion criteria. Literature included in the review were full text, peer reviewed, scholarly research articles published in English since 1990, as this time frame was most relevant to the specific cohort of family members of veterans with PTSD who served in the Iraqi-

Afghanistan armed conflicts. Research articles with direct relevance to intergenerational or secondary trauma in college students and non-college students who are family members/dependents of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts were included. Research articles that included samples from a mixture of wars were included ONLY if they also discussed family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. Research articles that focused on deployment were included ONLY if they also discussed family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. Research articles on intergenerational trauma on college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts were included. Quantitative/empirical literature (e.g. descriptive, correlational, quasi-experimental, experimental, meta-analyses), qualitative literature (e.g. descriptive, case study, grounded theory, phenomenology, ethnography, historical) were all included. All literature was appraised for the quality of research methods and reputability of the source.

Findings

A total of 441 potential articles on the concept of intergenerational trauma in the general population of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts were found and 427 articles were excluded. It was noted that many of the excluded research articles focused on the effects of deployment as opposed to the intergenerational effects of the veteran's PTSD on close family members, which was folded in as one of the many outcomes of deployment. The strength and level of evidence in the literature was weak on the concept of intergenerational trauma in the general population of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts.

Out of these 441 potential articles, there were only 14 empirical research studies that

addressed intergenerational trauma in the general population of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. Yet, *none* of these 14 studies focused on the specific population of college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. However, there were 11 research studies focused on secondary, vicarious, or intergenerational trauma conducted with college students who were exposed to other types of primary trauma. Therefore, although these studies had similar findings, they were excluded from the literature review due to not meeting the inclusion criteria.

Research with Non-College Students who were Family Members of Veterans with PTSD who Served in the Iraqi-Afghanistan Armed Conflicts

Out of the literature specific to the population of (non-college student) family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts, there were none at the highest level of evidence (experimental randomized control studies, meta-analyses and systematic reviews of randomized control studies). One could speculate that the lack of these types of studies is due to ethical considerations, difficulty in randomizing the subjects, and a small available sample size. There was only one quasi-experimental study (Bjornestad et al., 2014). Quasi-experimental studies would be useful in this population for pre- and post-intervention research. There were four longitudinal studies (Erbes, Meis, Polusny & Compton, 2011; Erbes, Meis, Polusny, Compton & MacDermid-Wadsworth, 2012; Gewirtz et al., 2010; Meis, Erbes, Polusny, & Compton, 2010). Longitudinal studies would allow one to look at individual change over time, which would be helpful in this population in identifying factors that impede or promote recovery. There were two cohort studies (Eaton et al., 2008; Herzog, Everson, & Whitworth, 2011). Cohort studies are beneficial in following the temporal sequence

of events, which would be useful in developing prevention strategies.

There were three correlational studies (Cozza et al., 2010; Hisle-Gorman et al., 2015; Nelson Goff, Crow, Reisbig, & Hamilton, 2007). Correlational studies could assist with ruling out causation and making predictions which would be advantageous in determining factors that increase or decrease the likelihood of intergenerational trauma. There were three cross-sectional studies (Lester et al., 2010; Miller et al., 2013; Renshaw, Rodrigues & Jones, 2008), which tend to limit the capability to attribute causality. There was only one qualitative, phenomenological study (Demers, 2008). Qualitative studies are essential to provide insight into the concept which will assist with generation of hypotheses for future quantitative studies.

Synthesis

Upon review of the 14 articles that met the inclusion criteria, several intriguing findings and common themes were identified: the intergenerational nature of trauma; similar symptomatology; comparable rates; and perception and controllability attributions.

Theme 1: Intergenerational Nature of Trauma

Similar to other findings in the literature, the findings of this literature review validate that the effects of trauma are intergenerational in nature. Several of the studies reviewed referred to the effects of PTSD on their family members as ‘reciprocal’, ‘circular’, ‘systemic’, ‘bidirectional’ or ‘interpersonal’ in nature. Two studies described that the carry-over effects of PTSD are not unidirectional but are instead bidirectional or reciprocal in nature, leading to increased individual stress, relationship distress, and mental health problems (Demers, 2008; Miller et al., 2013). Nelson Goff et al. (2007) described the intergenerational or secondary effects of the veteran’s PTSD on their spouse/partners as circular or systemic in nature based on the results of the Couple Adaptation to Traumatic Stress (CATS) Model (Nelson Goff & Smith,

2005). The CATS Model describes the systemic effect of primary trauma in one partner on the other partner and the couple relationship (systemic traumatic stress effects), which sets up the potential for secondary traumatic stress symptoms to develop in the other partner (Figley, 1982; Figley, 1993; Figley, 1995). Due to the circular, systemic, and bidirectional nature, intergenerational or secondary trauma in one partner may also intensify symptoms of primary trauma of PTSD in the trauma survivor (Nelson Goff et al., 2007).

Another study pointed out that PTSD is often conceptualized as an *intra*personal disorder, yet there are tremendous *inter*personal consequences, which if not treated can impede recovery (Erbes et al., 2011). Lester et al. (2010) found that PTSD symptoms in active duty parents predicted childhood depression, as well as internalizing and externalizing behaviors, and greater symptoms in the parent were related to greater symptoms in the child. Renshaw, Rodrigues and Jones (2008) found that the veteran's PTSD symptoms were highly correlated with spouse/partner's levels of psychological and depressive symptoms. These findings support the assertation that the effects of trauma, specifically PTSD in veterans, is intergenerational in nature and affects the entire family system.

Theme 2: Similar Symptomatology

In anticipation of the American Psychiatric Association's (APA) (2013) release of the Diagnostic and Statistical Manual for Mental Health Disorders, 5th Edition (DSM-5), several studies used a four-factor model to assess for symptoms of PTSD in the veteran. The four-factor model included the three criteria for PTSD from the DSM-IV-TR (Text Revision) (APA, 2000), re-experiencing, avoidance, and hyperarousal, plus, the additional factor of dysphoria. Dysphoria was defined in these studies as general distress or negative affectivity which is found in both anxiety and depression and was expected to be added to the soon-to-be-released DSM-5 (APA,

2013) (Erbes et al., 2011; Erbes et al., 2012; Gewirtz et al., 2010).

According to the DSM-5 (APA, 2013), the criteria that are used to diagnose PTSD include symptoms of re-experiencing, avoidance, negative thoughts or feelings, and hyperarousal/reactivity. The re-experiencing criterion includes unwanted or upsetting memories, nightmares, flashbacks, emotional distress or physical reactivity after exposure to trauma reminders. The avoidance criterion includes avoidance of trauma-related thoughts or feelings and trauma-related reminders. The negative thoughts or feelings (that began or worsened after the trauma) criterion, which was referred to as dysphoria in earlier studies, includes inability to recall key features of the trauma, overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative affect, decreased interest in activities, feeling isolated, and difficulty experiencing positive affect. The hyperarousal reactivity (that began or worsened after the trauma) criterion includes irritability or aggression, risky or destructive behavior, hypervigilance, heightened startle reaction, difficulty concentrating, and difficulty sleeping. There are also two PTSD specifiers, dissociative features (derealization, depersonalization) and delayed onset (6 months) of the full diagnostic criteria (APA, 2013).

Although previous research of other populations have found that the symptoms of intergenerational trauma in family members are very similar to the symptoms of PTSD in the person who experienced the trauma, the findings of this literature review supported Baum's (2014) findings in that the majority of studies used the broad application of the concept of intergenerational trauma by assessing for symptoms of generalized distress in the family members of veterans with PTSD, as opposed to assessing for PTSD-specific symptoms. Some studies focused on family or parenting outcomes such as family distress, and family disruption

(Cozza et al., 2010), stress, emotional, alcohol, family problems or functional impairment (Eaton et al., 2008), or perceived parenting challenges (Gewirtz et al., 2010). Whereas other studies focused on spouse/partner outcomes and assessed for emotional distress (Lester et al., 2010), depression or anxiety (Eaton et al., 2008; Lester et al., 2010) in spouse/partners of veterans with PTSD. Yet other studies assessed for the effect of PTSD on relationship adjustment (Erbes et al., 2011; Erbes et al., 2012), couple adjustment (Gewirtz et al., 2010), or relationship quality (Meis et al., 2010). Other studies focused on child outcomes and assessed for anxiety, depression and emotional adjustment in children (Lester et al., 2010), child distress (Cozza et al., 2010), or children's safety and mental health issues (Hisle-Gorman et al., 2015).

Some studies focused on the general effects of deployment yet inferred that there were specific effects of PTSD in veterans on their family members. For example, one study assessed for the ways that deployment and transitions impacted the lives, interactions, and support-seeking of adult family members of veterans who served in the Iraqi-Afghanistan armed conflicts (Demers, 2008). One of the identified themes was *reconnecting* and discussed that almost all of the adult family members reported that they were having difficulty reconnecting with the veteran after their return from deployment who the family members described as "a little off, different, quick-tempered, depressed or withdrawn…two participants indicated that their veteran family member might be actually suffering from PTSD…and that their loved ones were having nightmares and mood swings" (Demers, 2008, p. 8), which are PTSD-specific symptoms. Another identified theme was *living with deployment* which caused uncertainty in the family members who coped by "reacting, which emerged as states of hyperarousal...exhibiting symptoms of emotional distress i.e., anxiety, behavioral disorders, anger, and... depression...desire to numb their emotional and psychic pain...withholding their thoughts and

feelings" and mentioned intergenerational trauma as a possibility (Demers, 2008, p. 8). These two themes inferred that there may have been symptoms of PTSD in the veterans and intergenerational trauma in their family members but did not explicitly state it.

However, very few studies used the narrow application of the concept of intergenerational trauma by clearly assessing for PTSD-specific symptoms in family members of veterans with PTSD, as opposed to generalized symptoms of distress. Also, very few studies endorsed a connection between the veteran's PTSD and intergenerational or secondary trauma in their family members. Bjornestad et al. (2014) specifically measured for intergenerational or secondary trauma symptoms in the spouse/partners used a modified version of the PTSD Checklist-Military version (PCL-M) (Weathers et al., 1993). The authors reported that secondary traumatic stress was found to fit the same criteria that are used to diagnose PTSD; direct or indirect exposure to trauma; intrusive recollection/re-experiencing; avoidance, negative cognitions and mood; and alterations in arousal or reactivity (APA, 2013). The authors endorsed a connection between the PTSD symptoms in veterans and intergenerational or secondary trauma symptoms in their spouse/partners (Bjornestad et al., 2014). Renshaw et al. (2008) used the PTSD Checklist-Civilian version (PCL-C) (Weathers et al., 1993) to measure for intergenerational or secondary trauma symptoms in the spouse/partners. The authors also endorsed a connection between the PTSD symptoms in veterans and intergenerational or secondary trauma symptoms in their spouse/partners (Renshaw et al., 2008).

Miller et al. (2013) used the Clinician Administered PTSD Scale (CAPS) (Blake et al., 1995) to assess for PTSD in both the veteran and the spouse/partner. The authors found that PTSD was also associated with more frequent displays of hostility and psychological abuse and fewer expressions of acceptance and humor in both veterans and their spouse/partners (Miller et

al., 2013). Another study used the Secondary Trauma Scale (STS) (Motta, Hafeez, Sciancalepore, & Diaz, 2001; Motta, Newman, Lombardo, & Silverman, 2004) to specifically measure secondary traumatic stress in family members of veterans with PTSD (Herzog et al., 2011). The authors reported that children of veterans who had parents with high levels of PTSD symptoms and spouse/partners with high levels of secondary traumatic stress displayed significantly more emotional problems, such as withdrawal, depression, anxiety, and somatic complaints (Herzog et al., 2011). The authors also found that intergenerational or secondary trauma symptoms in the spouse/partner served as a mediating variable between PTSD symptoms in the veteran and intergenerational or secondary trauma symptoms in the child (Herzog et al., 2011).

Nelson Goff et al. (2007) conducted a study based on the CATS Model (Nelson Goff & Smith, 2005) which describes the systemic effect of primary trauma in one partner on the other partner and the couple relationship (systemic traumatic stress effects), which sets up the potential for secondary traumatic stress symptoms (Figley, 1983; Figley, 1998) to develop in the other partner. The authors used several measurement instruments to assess for PTSD in the veteran, as well as intergenerational or secondary trauma symptoms in the spouse/partner; the Traumatic Events Questionnaire (TEQ) (Vrana & Lauterbach, 1994), the Purdue PTSD Scale—Revised (PPTSD–R) (Lauterbach & Vrana, 1996), and the Trauma Symptom Checklist—40 (TSC–40) (Briere, 1996). However, the authors did not compare rates of PTSD in veterans to rates of PTSD in their spouse/partners or draw any correlations and instead focused on how individual trauma symptoms affect relationship satisfaction (Nelson Goff et al., 2007).

Another study that was focused on the effects of parental combat deployment assessed for posttraumatic stress using the Posttraumatic Diagnostic Scale (PDS) (Foa, Cashman, Jaycox,

& Perry, 1997) in both veterans and their spouse/partners (Lester et al., 2010). However, the authors did not assess for a correlation between the rates of PTSD in veterans and the rates of PTSD in spouse/partners. Instead they focused on the influence of rank and reported that the prevalence of PTSD was strongly influenced by rank (Lester et al., 2010). The authors found that enlisted active duty veterans had higher rates than active duty officers and there was a similar but nonsignificant pattern for more clinical cases of PTSD among spouse/partners of enlisted active duty veterans (Lester et al., 2010). The findings of this literature review provide support for similar symptomatology between PTSD in veterans who served in the Iraqi-Afghanistan armed conflicts and intergenerational trauma in their family members despite the confusion caused by the literature's use of both the broad and narrow applications of intergenerational trauma.

Theme 3: Comparable Rates

Several studies found that the rates of mental health symptoms or PTSD in veterans were comparable to rates of intergenerational trauma symptoms in their family members. In the studies reviewed, rates of PTSD in veterans ranged from 6.2% - 65.5%, and rates of intergenerational trauma symptoms in their family members ranged from 5% - 32.8%. In three studies rates of intergenerational trauma symptoms in the family members of veterans were similar to the rates of PTSD in the veterans (Bjornestad et al., 2014; Herzog et al., 2011; Renshaw et al., 2008). Bjornestad et al. (2014) found that "secondary traumatic stress was related to PTSD ($r = 0.217$, $p < 0.01$), which suggests that as PTSD scores increase, secondary traumatic stress scores increase" (p. 867). Renshaw et al. (2008) found that PTSD symptoms in the spouse/partners were highly correlated ($r = 0.61$, $p < 0.001$) to PTSD symptoms in the veterans. Eaton et al. (2008) found that spouse/partners reported mental health problems at rates comparable to their veterans; 19.5% of spouse/partners and 15.6% - 17.1% of veteran spouses

met broad screening criteria for either major depression or generalized anxiety disorders. In contrast, two of the studies reviewed found that rates of intergenerational trauma symptoms in the spouse/partners of veterans with PTSD were 30 - 50% lower than rates of PTSD in the veterans (Lester et al., 2010; Miller et al., 2013).

Theme 4: Perception and Controllability Attribution

The role of perception and controllability attribution was another common theme in the studies reviewed. Renshaw et al. (2008) found that spouse/partners' symptoms were more severe when they perceived high levels of symptoms in veterans even when the veterans endorsed low levels of symptoms. Spouse/partners' marital satisfaction was negatively linked to soldiers' self-reported symptom severity only when spouse/partners perceived that veterans had experienced low levels of combat activity but not when spouse/partners perceived high levels of combat activity. In other words, the impact of the veteran's PTSD symptoms on spouse/partners are lessened when they are perceived by the spouse/partners as attributed to an uncontrollable or understandable cause, such as combat exposure. Conversely, the impact of veteran's PTSD symptoms on spouse/partners are increased when they are perceived by the spouse/partners as attributed to a controllable cause, such as poor self-control (Renshaw et al., 2008).

Another interesting finding was that "neither reexperiencing symptoms (intrusive memories, nightmares, flashbacks, emotional and physiological reactivity to trauma cues) nor arousal symptoms (hypervigilance, exaggerated startle response) were independently associated with poorer relationship adjustment for either gender" (Erbes et al., 2011, p. 485; Erbes et al., 2012). The authors suggested that the reexperiencing and arousal symptoms may be perceived by the spouse/partners as attributable to an uncontrollable cause such as combat trauma, which would likely elicit empathy from their spouse/partner. Whereas the dysphoria symptom cluster

(anger, irritability, and emotional numbing) may be less obviously attributable to the combat trauma and may be misperceived by the spouse/partner as uncontrolled or purposeful behavior (Erbes et al., 2011). Pre-deployment negative emotionality or dysphoria was also found to lead to more severe post-deployment PTSD symptoms and poorer relationship quality (Meis et al., 2010).

Another study found that increased dissociative symptoms (a PTSD specifier), sleep problems (possibly from nightmares), and severe sexual problems (conceivably from emotional numbing) in combat veterans significantly predicted spouse/partners' depression, anxiety, as well as relationship satisfaction for both veterans and their spouse/partners (Nelson Goff et al., 2007). Dissociative symptoms, sleep problems or severe sexual problems may be misperceived by the spouse/partner as attributable to emotional unavailability, detachment or disinterest in the relationship (Nelson Goff et al., 2007). Thus, it seems that perception, as well as misperception of PTSD symptoms, specifically dysphoria symptoms, dissociative symptoms, sleep problems or severe sexual problems, plays a large role in the effect of PTSD on the spouse/partner.

This is similar to findings in the literature regarding children's tendency to misperceive their parent's PTSD symptoms. Children tend to have an easier time understanding visible or physical injuries, which they can clearly perceive as attributable to combat trauma (Gorman, Fitzgerald, & Blow, 2010). Children have a much harder time understanding invisible injuries, such as PTSD, and may tend to misperceive the parent's PTSD symptoms of dysphoria (anger, irritability and emotional numbing) as personal rejection, attributable to their own self-worth and may tend to blame themselves as the cause of their parent's symptoms, i.e. 'I was bad and that made mommy/daddy angry' or 'my mommy/daddy do not love me anymore' (Gorman, Fitzgerald, & Blow, 2010). Likewise, perception, especially misperception of PTSD symptoms,

also seems to play a big role on the effect on children as it does in the spouse/partners of veterans with PTSD (Hisle-Gorman et al., 2015).

Discussion

The scarcity of literature on intergenerational trauma in family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts has created a health disparity in a vulnerable population and has great implications for research and knowledge development. “The importance of this subject has also been recognized by the International Society of Traumatic Stress Studies (ISTSS), with the founding and maintaining of a Special Interest Area Group on Intergenerational Transmission of Trauma and Resiliency” (ISTSS, 2018; Portney, 2003). The influence of intergenerational trauma in family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts has had a significant impact on this population.

It is unclear why much of the literature continues to use the broad application of the concept of intergenerational trauma, especially articles that were published after the release of the DSM-5 (APA, 2013), which clearly states that the symptoms of secondary or intergenerational trauma are exactly the same as the symptoms of PTSD. Many studies assessed for symptoms of generalized psychological distress but did not specifically assess for secondary or intergenerational trauma symptoms in the family members. Other studies alluded to the concept of secondary or intergenerational trauma or referred to the concept but did not explicitly mention it as an outcome. This is quite intriguing as there is a plethora of literature demonstrating a causal relationship between PTSD and intergenerational/secondary trauma in other war-related contexts such as family members of WWII Holocaust survivors, family members of veterans with PTSD who served in the Vietnam War, and family members of veterans with PTSD who served in other wars. Perhaps researchers feel it is ‘safe’ to discuss the

concept of intergenerational trauma retrospectively regarding past armed conflicts as opposed to the current military involvement. It is also puzzling that several studies focused on the effects of deployment as opposed to the intergenerational effects of the veteran's PTSD on family members, which was folded in as one of the many outcomes of deployment. One can only speculate that perhaps researchers are wary of inferring a causal relationship between PTSD in veterans and intergenerational trauma in family members due to the implied blame on the current military system. Further qualitative research is indicated to provide a basis for future quantitative research due to the unique culture of this population and nebulous nature of the concept of intergenerational trauma that is reflected in the current literature.

The purpose of this review of the literature was to analyze, synthesize and critique the current state of knowledge regarding the concept of intergenerational trauma in college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts and was guided by several questions. The first guiding question was: *What is the current state of knowledge on this topic?* Although the knowledge base on intergenerational trauma in other populations is extensive, the current state of knowledge on intergenerational trauma in the specific context of college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts is non-existent. The current state of knowledge on intergenerational trauma in the specific context of non-college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts is limited. Most of the studies on this population are focused on the generalized effects of deployment. Much of the literature uses the broad application of the concept of intergenerational trauma referring to the full range of symptoms that may be experienced by the family member of someone with PTSD as opposed to the narrow application referring to the transmission of PTSD

specific symptoms from someone with PTSD to their family members.

The second guiding question was: *What types of research are lacking in this area?* There is a lack of higher-level research studies (experimental randomized control studies, meta-analyses, and systematic reviews of randomized control studies) that addresses this specific population and there was only one qualitative, phenomenological study (Demers, 2008), which was with non-college students. The were no studies on college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts, which is desperately needed. Qualitative research would be very useful in this population due to its ability to provide a deeper understanding of a nebulous concept, such as intergenerational trauma. A phenomenological study is indicated due to its ability to gather thick data leading to a rich description of a complex phenomenon which is not possible with quantitative research.

The last guiding question was: *What can be added to the current knowledge base by this review of the literature?* The results of this review of the literature adds clarity to the concept through identification of common themes: the intergenerational nature of trauma; similar symptomatology between veterans with PTSD and their family members; comparable rates of PTSD and intergenerational trauma between veterans and their family members; and the role of perception and controllability attributions. The results of this literature review also illuminates a gap in the knowledge base as there were no studies conducted with college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts.

Strengths and Limitations

This review of the literature provides an overview of the current state of knowledge regarding intergenerational trauma in non-college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. One strength of this literature

review was the ability to tease out the studies that specifically pertained to intergenerational trauma in family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. Another strength of this literature review was that it identified a major gap in the literature. The limitations of this literature review were: the keywords and phrases used; the databases accessed; the time frame and method of searching for literature; time constraints; and that the literature on the contribution of transgenerational epigenetics were not explored.

Research Question

What is the essential structure of the lived experience of students attending a UH college campus on Oʻahu who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts?

Summary of Chapter 2

Previous research intergenerational trauma in other contexts provides a wealth of knowledge and a basis for future research. Yet, the concept of intergenerational trauma remains nascent in the population of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. In addition, research with the specific population of college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts is non-existent. The paucity of research specific to this population highlights the need for further qualitative research on the concept of intergenerational trauma in the context of an at-risk population and exemplifies its significance within the research arena.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

Chapter 3 presents the research design and methodology utilized for this research study which aims to describe the essential structure of the lived experience of college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. A brief description of naturalistic inquiry and qualitative research designs is provided. An overview of the transcendental phenomenological research design is given along with descriptions of several key terms: intuitive intentionality, noema, and noesis. The role of the qualitative researcher is defined along with establishing trustworthiness, credibility, transferability, dependability, and confirmability. The methodology is described in detail including: the sample selection methods, protection of human subjects, sample size, inclusion/exclusion criteria, recruitment process, and informed consent. The data collection methods utilized are explained including: the types of demographic data collected, the interview process, as well as data storage, and management. The data analysis phase using Moustakas' (1994) Modified Van Kaam Method of transcendental phenomenological reduction is also described in depth.

Naturalistic Inquiry and Qualitative Research Designs

Naturalistic inquiry is a research approach that encompasses qualitative research designs in which the researcher attempts to understand a phenomenon through observing participants/co-researchers in their natural environment and describing their experiences from their individual perspectives. The design selected for this research study was qualitative in nature. There are several types of qualitative designs used in naturalistic inquiry or humanistic research; case study, narrative, historical, ethnography, grounded theory, and phenomenology.

A case study design focuses on examination and an in-depth analysis of an event within single or multiple cases and seeks to explain the *how*. A narrative design focuses on exploring

the life of an individual in order to tell their story in a chronological or biographical form. A historical design focuses on examining past events in order to draw conclusions and make predictions about the future. An ethnographical design focuses on describing or interpreting the behavior of an ethnic, cultural, or social group. A grounded theory design focuses on investigating the process, action, or interaction with a goal of developing a theory, theoretical model or figure that represents the phenomenon and is grounded in observation. A phenomenological design focuses on attempting to understand or explain the true meaning or essence of a life experience or a phenomenon (Moustakas, 1994; van Manen, 1997; Smith, 2008).

Transcendental Phenomenological Design

The qualitative design selected for this research study was a phenomenological design. A phenomenological research design is descriptive and intuitive, rather than interpretive (Moustakas, 1994; van Manen, 1997). Transcendental phenomenology is a type of phenomenological design developed by Edmund Husserl in the early 1900s (Moustakas, 1994; Smith, 2008). In phenomenological research, transcendental means to look at the phenomenon with an open mind and a fresh eye (Moustakas, 1994). A transcendental phenomenological design was selected to conduct this study to obtain the true essence or meaning, as opposed to the explanation, of the essential structure of the lived experience of the phenomenon of intergenerational trauma in college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. A transcendental phenomenological design allows for rich descriptions of the meaning, essence, and understanding of the complex phenomenon of intergenerational trauma from the perception of those who have lived the experience (Moustakas, 1994). Transcendental phenomenology has several phases and utilizes

unique terminology which will be described as they were applied in order to lend a better understanding to the methodology of this study.

Intuitive Intentionality, Noema, and Noesis

In preparation for embarking on a transcendental phenomenological research study one must understand three complex concepts that are central to phenomenology: intentionality, noema, and noesis. Intentionality refers to purposefully orienting the mind towards an entity and becoming internally conscious or aware of it, whether it exists or not (Moustakas, 1994). Intuitive intentionality gives the entity a presence, a fullness of meaning, and the ability to perceive it as some feature or quality and ultimately as a whole (Moustakas, 1994, pp. 77-78). Noema and noesis are two central parts of intentionality. Noema is that which is perceived or experienced. Ones noema or perception of the experience can vary based on their mood, internal locus of control, or frame of reference (Moustakas, 1994, p. 71). Noesis is the way in which it is experienced or the meaning that one derives from the experience. Noema and noesis can be viewed as two sides of the same coin, with noema (perception of the phenomenon) constituting the textural side of an experience and noesis (meaning of the phenomenon) constituting the structural side of an experience (Moustakas, 1994; Smith, 2008; van Manen, 1997).

Role of the Qualitative Researcher

The role of the qualitative student researcher is to ensure: that the design is followed, the methodology is sound, the participants/co-researchers meet inclusion criteria, and are ethically recruited without coercion or fear of retaliation. The qualitative researcher makes sure that the data is managed ethically with respect to participant/co-researcher privacy and confidentiality. The qualitative researcher also ensures that trustworthiness, credibility, transferability, dependability, and confirmability are established (Moustakas, 1994; Smith, 2008).

Establishing Trustworthiness

Traditional criteria used in quantitative research to establish trustworthiness are internal validity (authentic representations of reality or truth value), external validity (generalizability), reliability (replicability of the study), and objectivity (representative of the experience of a number of subjects). These criteria do not lend well to the naturalistic inquiry approach in qualitative research designs. Internal validity refers to determining the extent to which findings are authentic representations of reality. In naturalistic inquiry, each participant/co-researcher's individual experience or representation of 'reality' or 'truth' is unique. There are multiple participants/co-researchers, thus there are multiple representations of 'reality' or 'truth' all of which are considered authentic (Lincoln & Guba, 1985).

External validity refers to determining the extent to which the causal relationship or findings are generalizable to other contexts or populations and is usually accomplished through randomized probability sampling. However, in naturalistic inquiry, sampling is purposive, the causal relationship is not determined, and the findings are unique to each individual participant/co-researcher. Thus, generalizability becomes difficult. Reliability refers to the replicability of a research study. In naturalistic inquiry, the design of the study is often emergent. Each researcher may carry out the study in a slightly different way, which is virtually impossible to replicate (Lincoln & Guba, 1985, pp. 218-219 & pp. 289-331).

Objectivity refers to the representativeness of the experience of a group of participants/co-researchers, whereas subjectivity refers to the representativeness of an experience of individual participants/co-researchers or subjects. The criterion for objectivity is agreement between participants/co-researchers or intersubjective agreement. Naturalistic inquiry by its nature is subjective, as opposed to objective because the measurement instrument is the

researcher or ‘self’ as opposed to a screening tool. Lincoln and Guba (1985) proposed that the terms credibility, transferability, dependability, and confirmability be used in place of internal validity, external validity, and objectivity, respectively, to determine trustworthiness as they are a better fit for qualitative research or naturalistic inquiry (Lincoln & Guba, 1985, pp. 218-219 & pp. 289-331).

Credibility. The term credibility (authentic representations of reality or truth value) was used in place of internal validity. In naturalistic inquiry, reality is an intangible phenomenon based on individual perception. Thus, in a study with multiple participants/co-researchers, there are multiple mental constructions of reality. In order to demonstrate ‘truth value’ or credibility the researcher must show that they have represented or reconstructed those multiple mental constructions adequately or credibly.

Establishing credibility can be accomplished through: 1) prolonged engagement, persistent observation, and triangulation; 2) peer debriefing; 3) negative case analysis; 4) referential adequacy; and 5) member checks (Lincoln & Guba, 1985). In this current study, the student researcher chose to establish credibility through prolonged engagement, persistent observation, and triangulation, as well as member checks.

Prolonged engagement, persistent observation, and triangulation. This was achieved through the student researcher spending many years prior to the current research study working with and learning the ‘culture’ of family members of veterans with PTSD. Prolonged engagement allowed the student researcher to learn the context, minimize distortions (biases), and build trust with the family members of veterans with PTSD. Persistent observation assisted the student researcher in identifying the salient details and teasing them out from the irrelevant details within the transcribed interviews. Triangulation or contextual validation was

accomplished through comparing the results of the transcribed interviews with one another, as well as with the results of the literature review.

Member checking. Member checking was accomplished in two ways. After the interview was complete, the student researcher verbally summarized the interview and asked the participant/co-researcher to validate the summary of their interview and clarify any inconsistencies or misinterpretations and allowed the participant/co-researcher to add any additional information. The student researcher then shared a summary of a previous participant/co-researcher's interview and asked the current participant/co-researcher to comment and verify whether it was similar to their experience or not.

Transferability. The term transferability was used in place of external validity (generalizability). In naturalistic inquiry, the context of each inquiry is different, therefore generalizability is dependent on holding a context constant, which is impossible. Transferability is a more fitting term, which allows future researchers to 'transfer' the detailed findings from this study to other contexts in order to determine if the results are either similar or the same. In this research study transferability was accomplished through provision of thick descriptions of the data collected in the transcribed interviews.

Dependability and confirmability. The term dependability was used in place of reliability (replicability of the study). Confirmability was partially accomplished through the methods previously described to establish credibility, as you cannot have one without the other. The term confirmability was used in place of objectivity (representative of the experience of a number of subjects). Both confirmability and dependability were accomplished through keeping an audit trail which included: 1) a detailed record of the raw data; 2) the data reduction and analysis products; 3) data reconstruction and synthesis products; 4) process notes; 5) materials

related to intentions and dispositions; and 6) instrument development information (i.e. recruitment flyer, recruitment letter, informed consent, mental health community resources, demographic data collection forms, and interview guide questions).

Methods

Participant/Co-Researcher Sample Selection

In transcendental phenomenological research the participants are considered co-researchers (Moustakas, 1994). The participants/co-researchers consisted of adult college students who attended one of the six UH campuses on the island of O`ahu who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts.

Protection of human subjects. Studies that involve human subjects require training to safeguard the rights of the participants/co-researchers. Both the student researcher and principal investigator completed the Collaborative Institutional Training Initiative (CITI) program training for non-exempt research personnel (see Appendices B and C). The proposal for this research study was approved by the UH Office of Research Compliance Social and Behavioral Sciences Institutional Review Board (IRB) (see Appendix D). Participants/co-researchers were not recruited, and data was not collected until the IRB approval letter was received (see Appendix D).

Participants/co-researchers were assessed throughout the interview for signs of emotional or psychological distress by observing: their facial affect (outward expression of mood), eye contact, body language, level of engagement, speech pattern, thought process, and manner of responses. Some of the participants/co-researchers became tearful and were offered a break or asked if they wanted to stop the interview but they declined and elected to continue the interview. Some of the participants/co-researchers became tearful during the debriefing process

after the interview was done. The student researcher monitored the participant/co-researcher and study data for safety during the initial screening, interview, debriefing, and transcription process and consulted with the principal investigator as needed.

Sample size. Qualitative research studies typically require a smaller sample size than quantitative research studies. Qualitative sample sizes should be large enough to obtain feedback for most or all perceptions. Obtaining most or all of the perceptions will lead to the attainment of saturation. Saturation occurs when adding more participants/co-researchers to the study does not result in additional perspectives or information. Glaser and Strauss (1967) recommend the concept of saturation for achieving an appropriate sample size in qualitative studies. There is no exact way of determining sample size in qualitative research, nor a 'right' answer in the same way a power calculation may yield a sample size in quantitative research.

According to Morse (2000) sample size depends on consideration of a number of factors including "the quality of data, the scope of the study, the nature of the topic, the amount of useful information obtained from each participant, the number of interviews per participant, the use of shadowed data, and the qualitative method and study design used" (p. 3). Morse (2000) also notes that a study that is broad in scope may require a greater number of participants/co-researchers than one that is narrower in focus. A phenomenon that is more difficult to grasp and is below the surface would require more participants/co-researchers. The quality of the data in terms of richness, experiences and relatedness to the research questions is important to consider, therefore the more usable data, the less participants/co-researchers are needed. According to Creswell (1998), the average number of participants/co-researchers in phenomenological studies is five to ten. The projected sample size for this study was 10 – 15 participants/co-researchers or until data saturation was reached.

Inclusion criteria. Inclusion criteria consisted of participants/co-researchers who: 1) were college students from one of the six UH campuses on the island of O`ahu - UH Mānoa, UH West O`ahu, HCC, KCC, LCC, and WCC, 2) were 18 years of age or older, 3) were a family member of a veteran with PTSD who served in the Iraqi-Afghanistan armed conflicts, and 4) were sufficiently capable of communicating in conversational English. The inclusion criteria were developed because there were no studies on intergenerational trauma in the specific population of college students who were family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. Although the study population did not target vulnerable populations, there was a small chance that UH college student participants/co-researchers may have included pregnant women. The protocol-specific safeguards that were used to protect the rights and welfare of pregnant woman were within the informed consent stating the risks vs. benefits, that they were participating voluntarily, and could withdraw consent at any time without fear of retaliation. There was also a small chance that a UH college student participant/co-researcher could have become a prisoner after the informed consent was signed but before the interview. If that occurred, then the student researcher would have notified the principal investigator, who would have notified the UH Office of Research Compliance Social and Behavioral Sciences IRB promptly and all research activities with that participant/co-researcher would have been suspended immediately.

Exclusion criteria. Exclusion criteria consisted of participants/co-researchers who: 1) were not college students from one of the six UH campuses on the island of O`ahu, 2) were under 18 years of age, 3) were not a family member of a veteran with PTSD who served in the Iraqi-Afghanistan armed conflicts, 4) were non-English speaking or are unable to communicate in conversational English, or 5) were current students of either the student researcher or principal

researcher. Minors under the age of 18 were intentionally excluded as the population being studied was college students who were 18 years of age or older. Participants/co-researchers were UH college students. They were protected from coercion and undue influence by being excluded if they were current students of either the principal researcher or student researcher and they also signed an informed consent stating the risks vs. benefits, that they were participating voluntarily, and could withdraw consent at any time without fear of retaliation.

Recruitment process. Recruitment occurred over the course of six months from September 2018 to March 2019. Participants/co-researchers were selected via purposive non-probability sampling using a snowball technique. The student researcher collaborated with the UH Mānoa Offices of Veteran Student Services (OVSS) Program Director who assisted by: posting recruitment flyers (see Appendix E) on the UH Mānoa campus, emailing out recruitment letters (see Appendix F) to military-connected students or posting them on their web page and in their newsletter, sending out introductory emails and recruitment letters to the Veteran Resource Centers, VA certifying officials, and VA counselors at the other UH campuses, and by sharing about the study through word of mouth. The student researcher also went to each of the six UH campuses and attempted to talk to the Veteran Resource Center program director if they were available, described the research study, and dropped off recruitment flyers and letters. If the director or another representative were not available, the recruitment flyers and letters were left with the registrar's office with a note requesting that the recruitment flyers be posted on campus and the recruitment letters distributed to military-connected students.

This whole process was repeated after four months as although there was interest in the study, there were only a few participants/co-researchers who completed the interview. This time the student researcher inquired at the Veteran Resource Centers regarding posting the flyers on

campus in person and found out that they had to be approved by the Student Life Center on campus. LCC Student Life Center approved the recruitment flyer and allowed the student researcher to post them on 15 available bulletin boards. The other UH campus Student Life Centers wanted to post the flyers themselves and the student researcher was informed that the flyers would be left up anywhere from 14 to 45 days, dependent on the campus.

Students who demonstrated interest by calling, emailing, or directly speaking to the student researcher were informally screened for inclusion and exclusion criteria. Students meeting the inclusion criteria were given a brief overview of the study including: purpose, informed consent (see Appendix G), the types of data that would be collected on the demographic data sheet (see Appendix H), data collection methods (audio recorded interviews), transcription process, data storage methods, methods to protect privacy and confidentiality, analysis procedures, and plans for publication. If participants/co-researchers agreed to the terms of the study, they were scheduled for an interview at a location of their choice.

Informed consent. If the participant/co-researcher agreed to participate in the study, the informed consent (see Appendix G) was reviewed with them in detail before signing. The informed consent contained detailed information written in layman's terms and included: the voluntary nature of the study; purpose; data collection methods; potential risks and benefits; methods to protect privacy and confidentiality; compensation; advice that the deidentified data may be used for future research studies; and gave them an opportunity to ask questions.

Voluntary participation. The informed consent (see Appendix G) gave a brief introduction of the student researcher, the program of study, and explained what the participants/co-researchers were being asked to do. It also informed the participant/co-researcher that their participation in the study was completely voluntary; that they could stop participating

at any time with no penalty or loss to them; and that their choice to participate or not participate would not affect their rights to services at UH or the UH Office of Veteran Student Services (OVSS).

Purpose of the study. The informed consent (see Appendix G) explained the purpose of the study; which campuses students were recruited from; that the study was being conducted in collaboration with the UH Offices of Veteran Student Services (OVSS); and explained why they were selected as a participant/co-researcher for the study.

Data collection methods. The informed consent (see Appendix G) described the data collection methods and what would happen next if they decided to take part in the study such as; the informed consent process; demographic data sheet (see Appendix H); how the interview was to be scheduled; the types of questions that would be asked along with some sample questions; offered participants/co-researchers to review all of the interview questions if desired prior to agreeing to participate in the study; the length of the interview; who would be present at the interview; that the interview would be audio-recorded so the responses can be transcribed and analyzed; and how many participants/co-researchers would be recruited for the study.

Potential risks. The informed consent (see Appendix G) reviewed the potential risks for participating in this research study which were considered greater than minimal or greater than what they would encounter in everyday living. Answering questions and talking about their family member's PTSD and the effect is had on them may cause emotional or psychological distress. It advised participants/co-researchers of their options if they became stressed or uncomfortable during the interview such as; skipping the question or taking a break; stopping the interview; or withdrawing from the study altogether. The informed consent also advised participants/co-researchers as to where they can seek assistance if they became emotionally or

psychologically distressed from participating in the study.

Participants/co-researchers were provided with a list of mental health community resources (see Appendix I) which detailed where they could seek assistance and advised them that they could also seek assistance through the UH Mānoa Counseling and Student Development Center (CSDC) Queen Liliʻuokalani Center for Student Services Room 312, Honolulu, HI 96822 (808) 956-7927 or through their private provider. The informed consent also offered participants/co-researchers an opportunity to review a summary of the results of the study upon completion of the study if desired by contacting the student researcher.

Benefits. The informed consent (see Appendix G) let the participant/co-researcher know that there would be no direct benefit to participants/co-researchers for participating in this study and that the results of this research study may help improve programs at UH college campuses to benefit future students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts.

Methods to protect privacy and confidentiality. The informed consent (see Appendix G) detailed the methods that were used to protect the participant/co-researcher's privacy and confidentiality. The participant/co-researcher was informed that their privacy would be protected by allowing them to select the time and place of the interview. Participants/co-researchers were asked to only share the information that they felt comfortable sharing. Participants/co-researchers were notified of who would receive and use their information. The participant/co-researcher was informed that confidentiality of their information would be maintained by not divulging it to others without their permission or in ways other than in the way it was defined in the informed consent. The participants/co-researchers were informed that only the student researcher and principal researcher would have access to the information. The only exception was that the UH

Human Studies Program also had the right to review research records for this study.

The participants/co-researchers were informed that the collected data (demographic data, audio recordings, and transcripts) would be de-identified and the participant's/co-researcher's real name would be replaced with a pseudonym which would be utilized as an identifier. The participants/co-researchers were informed that when the results of the research study were reported, no personal identifying information would be used, and the findings would be reported in a way that protected the participant's/co-researcher's privacy and confidentiality to the extent allowed by law. The participants/co-researchers were advised that the informed consent (see Appendix G) and study data - demographic data sheet (see Appendix H), audio recordings, and transcripts) would be secured in a locked filing cabinet in the student researcher's locked office and/or encrypted on a password protected computer and that after a period of one year the audio-recordings would be erased or destroyed. Phone numbers or email addresses were not collected by student researcher or principal investigator.

Compensation. The informed consent (see Appendix G) informed the participant/co-researcher that they would be compensated for participation in the study with a $25 gift card.

Data that may be used for future research studies. The informed consent (see Appendix G) let the participant/co-researcher know that their de-identified data may be used for future research studies without any further consent, approval or financial compensation.

Opportunity for questions. The informed consent (see Appendix G) let participants/co-researchers know that they would be given an opportunity to ask questions prior to signing the consent. The informed consent also provided contact information for the student researcher, principal investigator, and UH Human Studies Program should they think of any questions at a later date or want to discuss problems, concerns and questions; obtain information; or offer input

with an informed individual who is unaffiliated with the specific research protocol. Participants/co-researchers were given a signed copy of the informed consent (see Appendix G) for their records and reference.

Data Collection

Demographic data. Participants/co-researchers were asked to fill out a demographic data sheet (see Appendix H). Participants/co-researchers were informed that the demographic data sheet (see Appendix H) would be stored separately from the informed consent (see Appendix G). The student researcher offered to either assign the participant/co-researcher a pseudonym or allowed them to pick their own pseudonym in place of their real name as an identifier that was used on the demographic data sheet (see Appendix H), the audio recording, and transcribed interview. The data collected included the student's age, gender, and family member's relationship to the veteran with PTSD such as; adult child; spouse/partner; parent; or other. Participants/co-researchers were asked to identify which of the six O`ahu UH college campus(es) they were attending, and if more than one, to identify the primary one.

Interview process. Data was collected via a one-time audio recorded semi-structured interview using the participant's/co-researcher's pseudonym as an identifier. The interview was conducted individually in-person with each student participant/co-researcher at a mutually agreeable location. The interviews ranged in time from 60 to 120 minutes, which is the average length of a phenomenological interview (Creswell, 1998). The interview focused on the participant's/co-researcher's perception of their lived experience as a college student who is a family member of a veteran with PTSD who served in the Iraqi-Afghanistan armed conflicts. An interview guide (see Appendix J) with 10 open-ended questions was used to guide the interview:

1. *What have you experienced in terms of having a family member with PTSD who served in*

the Iraqi-Afghanistan armed conflicts?

2. *What situations have typically influenced or affected your experiences?*
3. *Describe any changes you have noticed in yourself and what you think these changes mean?*
4. *How did you cope with your family member's PTSD and who did you rely on for support?*
5. *Describe how you found out that your family member had PTSD?*
6. *Did your family member talk about their traumatic experiences and did that make it harder or easier to deal with?*
7. *Describe any changes you noticed in your family member and what you think these changes mean?*
8. *How did your family member cope with their PTSD and who did they rely on for support?*
9. *Describe what have been some of the hardest things to deal with?*
10. *Describe any positive changes that have happened?*

The interviews were audio recorded to maintain fidelity. Field notes were also taken on the interview guide as a back up to the audio recording and as a method of summarizing the key points for the participants/co-researchers. After the interview was complete, the student researcher turned off the recorder and offered the participant/co-researcher an opportunity to debrief if needed. The student researcher then engaged in the process of 'member checking' and verbally summarized the interview and asked the participant/co-researcher to validate the summary of their interview and clarify any inconsistencies or misinterpretations and allowed the participant/co-researcher to add any additional information. The student researcher also shared a summary of a previous participant/co-researcher's interview and asked the current participant/co-researcher to comment and verify whether it was similar to their experience or not.

Data storage and management. Following the interview, the audio recordings were reviewed, redacted of any inadvertent mention of real names, and transcribed by a professional transcriptionist in preparation for analysis. The informed consent (see Appendix G) and study data which included the demographic data sheet (see Appendix H), audio recordings, and transcripts) were secured in a locked filing cabinet in the student researcher's locked office and/or encrypted on a password protected computer. After a period of one year the audio-recordings will be erased or destroyed.

Moustakas' (1994) Modified Van Kaam Method of Transcendental Phenomenological Reduction (Analysis)

Transcendental phenomenological reduction is a process used to illuminate ones knowledge and involves a "pre-reflective description of things just as they appear and a reduction to what is horizonal and thematic…It is called 'transcendental' because it uncovers the ego for which everything has meaning; 'phenomenological' because the world is transformed into mere phenomenon; and 'reduction' in that it leads us back to our own experience of the way things are" (Moustakas, 1994, p. 91). Moustakas' (1994) Modified Van Kaam method of transcendental phenomenological reduction was used for data analysis. There are four major stages or processes in this method: 1) epoché, 2) reduction, 3) imaginative variation, and 4) synthesis of meanings.

Stage 1: Epoché Process (Bracketing)

The first major stage or process in the transcendental phenomenological approach is epoché or bracketing (see Figure K3.1) which is done prior to meeting with any participants/co-researchers or collecting any data. Prior to beginning each interview, the student researcher engaged in the epoché process. This is a reflective, meditative process that involves clearing the

mind and putting aside pre-existing beliefs, understandings, or judgements in order to enter the interview with an unbiased, receptive presence. The researcher places the focus of research in brackets setting everything else aside, so the entire research process is focused on the research topic and question (Moustakas, 1994, p. 97; Smith, 2008, p. 242; van Manen, 1997).

Epoché is a Greek word meaning to abstain (Moustakas, 1994; Smith, 2008). Husserl referred to the epoché process as meaning "I abstain from positing the existence of the world I experience" (Smith, 2008, p. 242). Moustakas (1994) describes the epoché process as meaning to refrain from judgment, to abstain from the everyday, ordinary way of perceiving things" (p. 33). Transcendental is described as a state "in which everything is perceived freshly, as if for the first time" (Moustakas, 1994, p. 34).

Stage 2: Reduction

The second major stage or process in the transcendental phenomenological approach is reduction (see Figure K3.1). The end goal of the reduction stage is construction of an individual textural description. The reduction stage has five steps: 1) horizonalization, 2) determination of invariant constituents (unchanging horizons), 3) identification of the core themes, 4) application validation, and 5) construction of individual textural descriptions (Moustakas, 1994).

Horizonalization. The first step in the reduction stage is horizonalization (see Figure K3.1). During this step, the student researcher reviewed each individual transcript and each statement was given equal value. Every expression or horizon that was relevant to the experience was listed and preliminarily grouped (Moustakas, 1994).

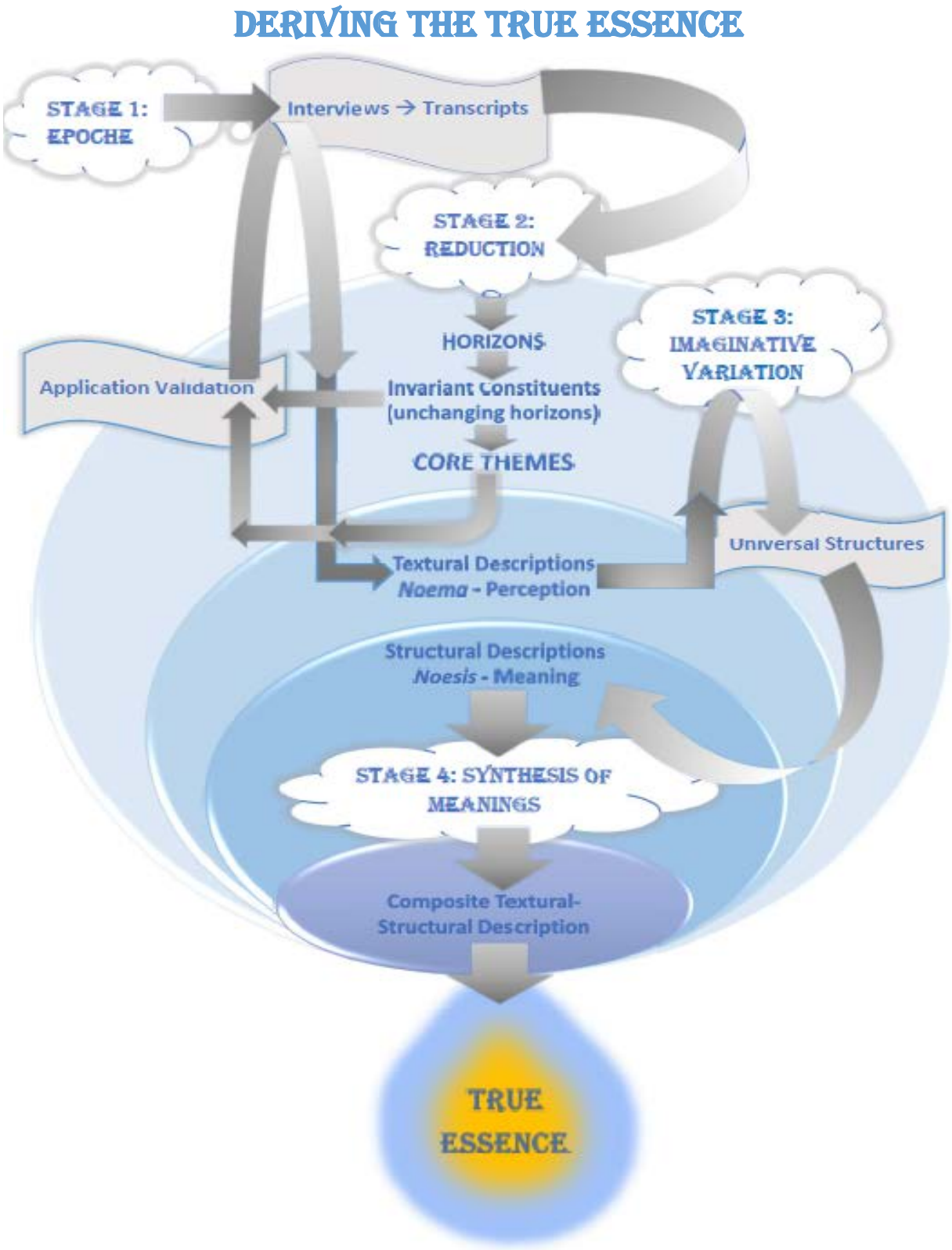

Figure K3.1. Deriving the True Essence – A Graphic Depiction of Moustakas' (1994) Modified Van Kaam Method of Transcendental Phenomenological Reduction (Neves, 2019).

Determination of invariant constituents (unchanging horizons). The second step in the reduction stage is determination of the invariant constituents (unchanging horizons) of the experience (see Figure K3.1). During this step, the student researcher reviewed the grouped horizons and tested them for two requirements: 1) Did it contain a moment of the experience that is a necessary and sufficient constituent for understanding it? and 2) Was it possible to abstract and label it? If so, it was considered an invariant constituent (unchanging horizon) or significant meaning unit of the experience. Expressions not meeting these requirements were eliminated. Overlapping, repetitive, and vague expressions were also eliminated or presented in more exact descriptive terms. The unchanging horizons that remained were the invariant constituents of the experience (Moustakas, 1994).

Identification of core themes. The third step in the reduction stage is identification of the core themes (see Figure K3.1). During this step, the student researcher clustered the related invariant constituents (unchanging horizons) into thematic labels. These were identified as the core themes of the experience (Moustakas, 1994).

Application validation. The fourth step in the reduction stage is application validation (see Figure K3.1). During this step, the student researcher reviewed each of the invariant constituents (unchanging horizons) and accompanying core themes, compared them with each complete transcript and checked them against the following questions: 1) Were they expressed explicitly in the complete transcription? 2) Were they compatible if not explicitly expressed? If they were not explicit or compatible, then they were not considered relevant to the participant/co-researcher's experience and were deleted. Those remaining were the relevant, validated invariant constituents (unchanging horizons) (Moustakas, 1994).

Construction of individual textural descriptions. The fifth step in the reduction stage is construction of an individual textural description for each participant/co-researcher (see Figure K3.1). During this step, the student researcher used the relevant, validated invariant constituents (unchanging horizons) and the accompanying core themes to construct an individual textural description for each participant/co-researcher. The participant's/co-researcher's perception of the phenomenon or noema constituted the textural side of their experience. More specifically, this was *what* the participant/co-researcher experienced in terms of the phenomenon. According to Moustakas (1994), the individual textural description should induce a clear image of what happens during the experience (p. 133).

Stage 3: Imaginative Variation

The third major stage or process in the transcendental phenomenological approach is imaginative variation (see Figure K3.1). The end goal of the imaginative variation stage is construction of an individual structural description. There are four steps in the imaginative variation stage: 1) variation of the structural meanings within the textural descriptions, 2) consideration of underlying themes or contexts, 3) consideration of universal structures, and 4) construction of individual structural descriptions (Moustakas, 1994, pp. 97-99).

Variation of structural meanings within the textural descriptions. During this step, the student researcher reflected on each of the participant/co-researcher's individual textural descriptions and viewed them through the lens of imaginative variation in order to discover how the experience of the phenomenon came to be what it was. All the possible meanings of the phenomenon were varied and viewed from different perspectives or vantage points, such as opposite meanings and various roles. All of the possible structural meanings within the individual textural descriptions that could explain the phenomenon were freely considered

(Moustakas, 1994, pp. 97-99).

Underlying themes or contexts. During this step, the student researcher considered all of the underlying themes or contexts that could explain the appearance of the phenomenon. The student researcher's mind was allowed to enter a state of free flowing consciousness under the premise that any perspective is a possibility, openly considering all thoughts that entered the mind that could possibly be structural qualities. The student researcher's mind was open to reflecting on all possibilities in order to discover the true essence of the experienced phenomena (Moustakas, 1994, pp. 97-99)

Universal structures. During this step, the student researcher considered all of the possible underlying universal structures that may have triggered thoughts and feelings regarding the phenomenon, such as time, space, bodily concerns, materiality, causality, relation to self, and relation to others (see Figure K3.1). The student researcher reflected on all of these basic universal structures of the phenomenon, viewed them from different perspectives, and imagined how they could explain the textural meanings of the experience (Moustakas, 1994, pp. 60 & 99).

Construction of individual structural descriptions. During this step, the student researcher searched for exemplars that clearly demonstrated the invariant or unchanging themes, contexts, and universal structures (see Figure K3.1). These were used to construct individual structural descriptions for each participant/co-researcher. The noesis or meaning constitutes the structural side of an experience or more specifically, *how* they experienced the phenomenon (Moustakas, 1994, p. 69 & pp. 97-99).

Stage 4: Synthesis of Meanings

The fourth and final major stage or process in the transcendental phenomenological approach is synthesis of meanings (see Figure K3.1). The end goal is a composite textural-

structural description. There are two steps in this stage: 1) construction of individual textural-structural descriptions, and 2) construction of a composite textural-structural description (Moustakas, 1994).

Construction of individual textural-structural descriptions. During this step, the student researcher synthesized each participant/co-researcher's individual textural description and individual structural description into an individual textural-structural description of the experience, incorporating the invariant constituents (unchanging horizons) and core themes.

Construction of a composite textural-structural description. During this final step, the student researcher synthesized all of the individual textural-structural descriptions into a composite textural-structural description (see Figure K3.1). The student researcher intuitively and reflectively synthesized all of the individual textural-structural descriptions into a composite textural-structural description of the true essence and meaning of the experience of the phenomenon that represented the group of individual participant/co-researchers as a whole (Moustakas, 1994, p. 100).

Summary of Chapter 3

Chapter 3 presented the research design and methodology used for this study. A brief description of naturalistic inquiry and qualitative research designs was given. An overview of the transcendental phenomenological research design is was provided along with a description of the key terms: intuitive intentionality, noema, and noesis. The role of the qualitative researcher was defined along with the importance of establishing trustworthiness, credibility, transferability, dependability, and confirmability. The methodology was described in detail including: the sample selection methods, protection of human subjects, sample size, inclusion/exclusion criteria, recruitment process, and informed consent. The data collection methods utilized were

explained including: the types of demographic data collected, the interview process, as well as data storage, and management. The data analysis phase using Moustakas' (1994) Modified Van Kaam Method of transcendental phenomenological reduction was also described in depth including the four major stages or processes in this method: 1) epoché, 2) reduction, 3) imaginative variation, and 4) synthesis of meanings.

CHAPTER 4: FINDINGS

Chapter 4 presents the findings of this research study. A description of the sample of participants/co-researchers is given, along with a description of the college students who expressed interest in the study, but did not participate for various reasons. A comprehensive description of the results of data analysis using Moustakas' (1994) Modified Van Kaam Method of transcendental phenomenological reduction is presented, including the outcomes of the four major stages or processes in this method: 1) epoché, 2) reduction, 3) imaginative variation, and 4) synthesis of meanings.

Description of Sample of Participants/Co-Researchers

There were 21 UH college students who responded to the recruitment flyers and letters. Out of these 21 UH college students, there were a total of six college students who participated in the study, which included four females, and two males. As mentioned previously, the participants/co-researchers were offered to either be assigned a pseudonym or select one themselves to use in place of their real name. Most elected to select their own pseudonym which were; "Ricky Wells," "Rose," "Elizabeth," " Erica," "Bella," and "Joe".

The participants/co-researchers ranged in age from 21 to 30 years old. The participant/co-researcher's relationship to the veteran family member with PTSD included four adult children, one spouse/partner, and one sibling. Although veteran status was not asked, three of the participant/co-researchers disclosed that they were veterans. Five participants/co-researchers identified their primary campus as UH Mānoa, and one identified their primary campus as WCC. None of the participants/co-researchers identified UH West O'ahu, LCC, HCC, or KCC as their primary or secondary campus. Four participants/co-researchers said they heard about the study from a friend, one participant/co-researcher said they heard about the study from the UH OVSS

newsletter, and one participant/co-researcher said they heard about the study from a flyer that was posted on the UH Mānoa campus.

There were 15 UH college students who expressed interest in the study but did not participate in the study for various reasons. There were five students who agreed to participate in the study but never scheduled despite several follow up phone calls and emails, one of whom said they were really busy writing papers this semester. One student agreed to participate but then declined due to not wanting to be recorded. Another student agreed to participate in the study but wanted to be interviewed over the phone, as opposed to in person. There were three referrals to students who initially responded and met the criteria, but they did not respond to a follow up email to schedule an interview.

There were four students who were veterans who expressed interest but did not meet criteria; one of whom had a grandfather with PTSD who served in the Korean war, three of whom were veterans with PTSD, one of whom half-jokingly and half-seriously asked if his cat could be interviewed because he felt his cat was affected by his PTSD. The veterans were thanked for their service and offered an opportunity to share their experience, although it would not be part of this research study. was also one college student who had a son with PTSD and expressed interest in the study, but was not interviewed because the results were already written up. According to Moustakas (1994), analysis commences after each interview is transcribed. After analysis of the first three participant/co-researcher's transcripts it was determined that saturation was reached. Three more participant/co-researchers were interviewed, which yielded similar results as the other three interviews. Recruitment was ended at that point as further participant/co-researcher interviews were unlikely to bring forth any new perspectives or data.

Results of Establishing Trustworthiness

Credibility, transferability, dependability, and confirmability were used to establish trustworthiness (Lincoln & Guba, 1985, pp. 218-219 & pp. 289-331). In order to accomplish credibility, the student investigator spent a considerable amount of time prior to the research study in prolonged engagement with the population of family members of veterans with PTSD learning their culture. The student researcher used persistent observation and reviewed each individual transcript multiple times in order to determine the horizons, invariant constituents (unchanging horizons), and identify core themes, which also assisted with accomplishing credibility. The student researcher compared each individual transcript with one another, as well as with the literature review as part of the process of triangulation and contextual validation, which also assisted with establishing credibility.

Member checking was conducted after the interview and debriefing, during which time the student researcher verbally summarized the interview and asked the participants/co-researchers for validation and clarification. This process was productive and several of the participants/co-researchers clarified key points, added additional information, and validated that the interview accurately reflected their experience. A summary of a previous participant/co-researcher's interview was also shared with the current participant/co-researcher. The participant/co-researchers were able to identify with many aspects of the shared summary and felt that it mirrored their own experience in many ways.

The student researcher was able to glean thick descriptions from the data collected in the transcribed interviews in order to establish transferability. The student researcher kept an audit trail, which included: a detailed record of the raw data, the data reduction and analysis products, data reconstruction and synthesis products, process notes, materials related to intentions and

dispositions, and instrument development information in order to establish dependability and confirmability.

Results of Moustakas' (1994) Van Kaam Method of Transcendental Phenomenological Reduction (Analysis)

The results of analysis from reviewing each complete transcription from each participant/co-researcher and processing them through the four major stages of Moustakas' (1994) Modified Van Kaam method of transcendental phenomenological reduction will be presented in the following order: Stage 1: Epoché (bracketing), Stage 2: Reduction – a) horizonalization, b) determining invariant constituents, c) identifying core themes, d) application validation, and e) construction of individual textural descriptions. Stage 3: Imaginative Variation – construction of individual structural descriptions, and Stage 4: Synthesis of Meanings – construction of a composite textural-structural description (see Figure K3.1).

Results of Stage 1: Epoché (Bracketing)

The student researcher spent 20 minutes prior to each interview meditating, mindfully and reflectively clearing the mind by setting aside pre-existing beliefs, understandings, or judgements. The student researcher also 'bracketed' the topic *intergenerational trauma* and the research question; *What is the essential structure of the lived experience of students attending a UH college campus on O'ahu who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts?* Thus, the researcher was able to create an unbiased atmosphere and enter the interview with intuitive intentionality and a receptive presence and focus on observing what appeared. When any pre-existing beliefs entered the student researcher's mind during the interview, the student researcher would consciously return her mind to the epoché process and purposefully focus on the bracketed topic and research question. This

was difficult to do at times as the student researcher had extensive experience with not only the topic of PTSD but the veteran population as well. It took a focused conscious effort to remain receptive and present.

Results of Stage 2: Reduction

Results of Horizonalization.

There were 316 horizons identified from the six interview transcripts as a result of the process of horizonalization (see Figure K3.1). During the horizonalization process the student researcher reviewed each individual transcript, gave equal value to each statement, and identified the horizons. Every expression (horizon) that was relevant to the experience was listed and preliminarily grouped (Moustakas, 1994).

Results of Determining Invariant Constituents (Unchanging Horizons)

There were 162 invariant constituents (unchanging horizons) that were identified from the 316 horizons as a result of this process (see Figure K3.1). During this process the student researcher reviewed the preliminarily grouped horizons and tested each expression for two requirements: 1) Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it? and 2) Is it possible to abstract and label it?

If so, it was considered an invariant constituent (unchanging horizon) or significant meaning unit of the experience. Expressions not meeting these requirements were eliminated. Overlapping, repetitive, and vague expressions were also eliminated or presented in more exact descriptive terms. The unchanging horizons that remained were the invariant constituents (unchanging horizons) of the experience (Moustakas, 1994).

Results of Identifying Core Themes.

There were four core themes of the experience that were identified as a result of the process of clustering the invariant constituents (unchanging horizons) into thematic labels as described by Moustakas (1994, p. 97) (see Figure K3.1). The four core themes identified were: 1) powerlessness, 2) silence, 3) apprehensiveness, and 4) loss.

Core theme 1: Powerlessness. One of the most universal themes was powerlessness which all of the participants/co-researchers described in their own way.

"Ricky Wells" (powerlessness): "He could go to a really high to a really low, which is why I think he had to try and find ways to make himself happy, which usually meant the guitar, music, and things to try and bring him back up. That's what I perceived, anyway. I saw it as a fulltime job. I think that is why he didn't have a job, because his fulltime job was trying to bring up his mood with like the TV, drinking, and guitar, music; to try to give him something to focus on so he doesn't have to focus on his own feelings. I think when he does focus on his own feelings it doesn't end up good. I think my mom blamed him a lot for not doing anything, but I think in his mind he was doing something, he was trying to brighten his mood, brighten his day, which was a fulltime job."

"I felt like he was left – it was left up to him to mostly address this issue on his own…. The doctors prescribed him…an anti-depressant. I believe he was on that for over 15 years…and I'm not sure if that helped the situation, in my opinion probably not, but who am I to say? I'm not a doctor….As far as I know the only ones that were helping him address it – well, my mom was trying to, and the hospitals, and the doctors that prescribed the meds, but he wasn't going to [any] regular sessions. I think they just called them in every so often to check if he was still crazy, so they could keep giving him money, but beyond that I don't think he got any real help. I

don't think she [my mom] ever really addressed it…I know that she mentioned something before about trying to send him to counseling but my dad's like, 'I'm not gonna to go to counseling.' Knowing my dad, he would be way too proud to do that, and I don't remember him ever going to counseling or getting any outside help… I never addressed it because I guess I didn't know how, like how do you? – I'm a kid, I don't know what to do. I know something is wrong, but I don't know how to fix it. I don't know if the doctors are doing their part or not…I remember trying to help my dad once or twice by saying um, let's go to the Water Park or something, or let's see – go to the beach. That was my way of trying to help him cope. Also, I think that gave me a feeling of fulfillment, too, that I can try to make him see the beauty in things, I guess by doing something fun. I remember one time we went to play Laser Tag, he loved that. Like he really loved that! That was my idea [big smile]"

"Rose" (powerlessness): "He did have a few, I mean, I guess I couldn't really call them suicide attempts, but there were times where – like a couple weeks ago he sent a really terrible text message…to me, my mom, and my brothers. He's like, 'I think I've given you all everything I can, and I just can't do it anymore.' So obviously after I get that message I'm calling him and calling him, and I'm in Hawai'i and they're in [another state far away]. Like I'm calling my mom, I'm calling my brothers. I think it was like 11:30 at night there, so I made my mom go check on him and like we had to get the cops involved, because he wasn't answering the door, all the lights were on and the music was blaring. It was like what do we think you're going to do, you know? That has happened, I think, two other times before, at least that I'm aware of…I think it's a cry for help, but then when we try to help him he doesn't allow us to…I don't really – I never know how to process all that, because obviously when you send that kind of message you're saying I need help or something. That is how I would interrupt that. I think it's just like

him almost being just careless now, like it kept getting worse and worse…I feel like he thinks – besides like I guess his children – he feels that he doesn't have anything to live for."

"I'm getting better, I guess, at talking to people about it now, but a lot of it there is nothing I can do about it. So, it's kind of like I'm going to not do anything. There is nothing you can do, so let's don't do anything. It's just hard because I feel like people don't understand, because like this past suicide threat or whatever that happened a few weeks ago, I'm married, and I tried talking to my husband about it, but, you know, he's like there for me, but he doesn't know how to console me. He can't do anything about either because we're in Hawaii, they're all the way across the United States. So, it's just hard. I have a best friend, she lives in [a state in the continental U.S.] now and even though, she's there for me, but you don't always know how to console a person in that kind of situation. It's not a normal one… Sometimes I'll just cry about it like it forever. That's what I did that night. I wanted to be alone for the most part, so I just kind of went in my room and like cried about it by myself. Then the next day it's kind of like – remnants."

"Elizabeth" (powerlessness): "Nobody could help him because he didn't talk about it to anyone. The only person he relied on for support was his captain. It's hard to understand or help someone if they don't tell you what's going on. I felt helpless and abandoned. It got to the point where I didn't know what to do so I would just placate him or dissociate. I started to develop my own PTSD symptoms. I became controlling and obsessive and would micromanage everything. I was always on guard, always on the defense. If there was any drama I would just freeze up or leave. I eventually sought out therapy for myself."

"Erica" (powerlessness): "Sadness, frustration. It makes me really emotional to talk about it [sobbing]…Just being there for somebody that has PTSD without knowing how to help

them, or even them finding ways to help themselves. Just knowing if they're wanting to be helped or if they are being helped… If they are actually getting the help that they need. Their frustration with the [VA] system about feeling heard… He tries to get help but people are not helping him…I think when he's…trying to get help and then after time went on and people [providers] disappointed him, either they left or when they first started seeing him, he felt that he could trust them, or they would help him, he felt overwhelmed or he felt like [they didn't care] or he just was having a hard time facing his own problems. I think he kind of started to blame people, because they did not help in certain ways. They weren't helpful. I think in another way he's started to detach from people even more. He detached from me."

"He's not making improvement as much as he should, as he could have if help was there when he needed it… I just decided that I don't want to live with that anymore… Because I felt like I'm damned if I do, and I'm damned if I don't… I would encourage him to get more help, but he doesn't want to get anymore help, or like he says he wants to, but I can tell he's not ready or like he'll say, 'I did this' or 'I did that' when really, he didn't. I'd ask him to clarify, he'd say – he feels really beat up, so he'll say like – oh – he'll over dramatize stuff – like I remember he was trying to get a job and say like, 'Oh, I applied to like 20 places, like 10 - 20 places.' Really he applied to like one or two. I think it was because he was just overwhelmed and defeated, like those little tasks felt so overwhelming for him…For me I've put things into a different perspective, realizing what I am really, really not willing to do. I want to be there for him and I encouraged him to get help, but I felt like he wasn't willing to get help. So, I finally decided that I'm not willing to be with somebody who doesn't want to get help."

"Bella" (powerlessness): "It's as surprising as it is frustrating just having to wait this long [for my dad to accept that I have a boyfriend]. I really don't feel like – at this point it's been

a while, so it's kind of like, you know – probably when I graduate – is probably a time – hopefully – that he thinks oh, she's on her own now, she's going to like start working and start to take care of herself, she should be able to like, make those decisions for herself. I'm hoping, because that is what I always thought my parents' mentality was and I'm hoping that kind of helps him like facilitate those emotions… I do see that I guess the rest of the family kind of comes together a little bit to kind of like see what we can do to work that out, because we've all, like the rest of us, so there is like five of us in the family. So, my sister and I and my mom, we've all talked about it and we've all kind of vented about it, like what the heck? This is so frustrating! But then actually my mom is the one who like ties everybody together and she is like you know guys, you just have to be understanding. This is just probably like a stage in his life that he's trying to get over. So, I guess like that's meaning of family, just being like, okay, well regardless of that happens you know, you have to be there, and you have to be understanding and patient unconditionally."

"Joe" (powerlessness): "It's like when you're trying to do something for her she seems suspicious about it… I don't know why but it seems like if I have a good intention, like if ever – because we used to send money home to the Philippines, so I was like – so do you think I could give you a break for this month if you don't want to send money? that's okay because I can do it right now. Just to give her a break, like [I would say] you can live with me for a couple of months before you try to find your own place and she'd be like, 'Why? Are you trying to kick me out now?' Or she would be like, 'So what? Do you want me to give double next time so right now you're giving me a break?' It's like I don't know why she's suspicious of me."

"When she started becoming like that, I was like – did somebody? – or did her co-workers? – I tried to piece it together, like she so she was complaining a lot about her co-workers

and now every time I tried to do something good for her or I offer her help or anything it's just like she's suspicious of me having different intentions or me trying to, you know, for the lack of a better word, screw her over… Like for me, I don't even care how hard it's going to be if she would just told me what it was. I don't even care like – I don't even care like how much money I need to spend if that was the problem. I didn't care like how much time I would have to spend away from work or with her…[I would tell her that] I would go through any lengths just to help you with whatever you're going through. The hardest part is you not letting me in, not being able to help, just seeing you be miserable like that for so long. It's just hard. "

"Yeah, there is no reason, because like, okay, you live here, we're all here; mom's here, our brother and little sister is here. I don't know why she feels like we're trying to do something differently for her, like we're not having her best intentions at heart for some reason… I didn't know how to get through that wall that she built up for herself… It seems like they're numb to the world. It seemed like something happened that they create this defense mechanism to shut everything out… it's almost like she's trying to get herself back together without involving us. It almost means like if it was a word – it almost feels like a self-repair, like she's trying to repair herself. It almost feels like that is what it meant, all her actions, all her snapping, and all her being distant. It's like she's self-repairing herself, but she didn't want us to worry or she didn't want us to be involved in that, because she felt like she don't trust us, we wouldn't understand. So, it felt like for me, like to me that is how, that is what it all meant, like she is trying to self-repair herself because she felt so broken… Like my friend used to say, you know, sometimes you just have to immerse yourself in boiling water because even if you're an egg, even though how fragile you are, just like how my sister used to be – it's like a metaphor – like maybe she immersed herself in boiling water. She was fragile at that point and she immersed herself in

some kind of coping mechanism and now she's a lot better and she's a lot stronger. Like a fragile egg turned into a hardboiled egg. Like eventually you'll get stronger inside even though it doesn't seem like it from the outside."

"I don't know, I kind of feel like I've been desensitized almost. Like because she is like that it's almost like – I wouldn't say I don't care anymore like when I see her like that – but I just feel like as time goes by – I just felt like helpless, like I can't help her… So, I just let her be and I don't know if that was a good thing or decision on my part but at that moment, I mean, after dealing with it for – she was with me for quite a bit and we were together in the same house for quite a bit before she decided to get her own place. I was just like, eventually got numb to it. I don't know – because she is family too, which is hard, but I felt like I started to become like her – blank, staring, being snappy sometimes. It's almost like I don't have that care for her anymore at that point in time. I don't know, it made me feel, it made me feel terrible after a while to realize that it was that, but we've moved on. I just realize that for military people I just kind of generalized after a while. While seeing my sister like that and like from me – myself – so I started looking in the mirror like, am I like that? Am I starting to be like that? Eventually, I just generalized all the military people that somehow, someway they all have something like that and they always come back different people. So, I made it like a norm, like I sort of kind of accepted it…I felt helpless. It felt like – I just gave up."

"But she kept going, I don't know. Like I said she's a little better now, she kept going. I don't know how she coped. She must have coped somehow, because if she was like that every day her coworkers or other people would say something, you know, but like I said you could barely get anything out of her. Her type of personality is super strong, as well. Like even before she went in the military, she had this independence, like an – I can do everything, and I don't

need you – kind of attitude. Maybe she doesn't want to feel vulnerable with us, maybe that is how she coped. Like she wants us to be there, I think just for the knowledge that we're there, she feels safe that we're there, but as far as trying to cope with what she was going through I don't think – I think we make her feel vulnerable."

Core theme 2: Silence. Another prevalent theme was silence which all of the participants/co-researcher's expressed in their own way.

"Ricky Wells" (silence): "I always felt like there was something that he [my dad] didn't want the world to know, if I could describe it in that way. It's really hard to try and illustrate it… I remember one time I was digging through the medicine cabinet as a kid and I saw all these different types of meds. I had no idea of what they were…they told me – they told me he had 'experiences.' My dad never told me directly though what caused it and I didn't bother to ask. I was like, you know I don't need to know, you're my dad, it's fine, you don't have to talk about anything that you don't want to. And I never asked. Now that we're doing this I am kind of curious, more curious… I don't think I ever asked my dad that, like how are you feeling? I don't think he ever told me, now that I think of it. I'm trying really hard to recall and I can't think of one instance where he told me how he felt. I could just 'see it' because he would be laughing or not. That would be my clue about how he was feeling that day. For example, we could be eating like at a restaurant. It could be just him and I and he just picked me up from school or something and then we would be eating food and then he would just like uh, shed a tear or maybe even cry or experience what I perceived as an episode of like sadness, seemingly out of nowhere. And I was a kid and I would see this [pause] and he would like try to hide it from me."

"Rose" (silence): "There has been a long time where we just don't talk…I mean I know that he's – obviously, I know that he's seen things. He was like a radio operator and so he was

deployed a lot. Actually, I don't even know how many times he was deployed, he's never told me. He's never told me like what experience he had that made him have PTSD. He's told us like good things about his time when he was serving, but never anything bad… I guess maybe [him not talking about it makes it] a little harder to understand. I mean, nobody wants to talk about the bad stuff, but because he *never* talked about the bad stuff, so I was confused."

"[What might help students is] like maybe a support group type thing or like an AA type of deal where everyone can like talk to each other about stuff, just so you know that other people are going through something similar and if they have like advice or even if it's something like they don't go all the time, but just somewhere to go if something does happen. Kind of like, I guess, like just what happened to me. I didn't have anyone to talk to about it and I still had to go to school the next day and keep on being a student and it's difficult."

"Elizabeth" (silence): "He didn't really talk about what happened to him, which makes it really hard to understand. I mean I can kind of understand why he doesn't want to talk about it. His best friend died saving him, so he also has a lot of survivor's guilt along with his PTSD. It's like he puts it all in a box and it gets opened up when you don't want it to."

Erica (silence): "I'd have to ask. He didn't really talk about it. I made good friends with his and they would talk about it [their combat experiences] casually in a way. They would say things more in a lighthearted way, I think they didn't want to make people feel bad. They would never talk about it outside a private conversation… I mean, I'm glad he opened up to me, he's a pretty open person. The fact that he could told me was wonderful, a good thing, I think, I could understand what had happened, but he wouldn't talk about it to other people...The only time he wouldn't want to talk about it [to me] was in the moment, you know, like kind of episode where he would be overwhelmed in a crowd, with people and he wouldn't respond [to me] sometimes

and I would get worried. I didn't know if he was having a flashback or he was going to do something crazy, because he was on a different wave length, like so wrapped up in whatever what was happening in his head or emotions that I guess he couldn't respond immediately. I would be like, what is it? What do you need? or trying to get him to express to me what was happening or what I could do. Over time, I learned not to pressure him or ask him right away when he's going through that kind of thing. I don't know if they call it an episode, it's not like a flashback, but it is a moment in time when he is unable to communicate fully, because he is wrapped up in emotion or aggression or whatever is going on in his head…I kind of understood what was going on in his head more as time went on and I could just give him a moment to collect his thoughts and come back. He felt very far away, but kind of like he just felt out of control and far away and overwhelmed…I don't know, I don't fully understand it."

"Bella" (silence): "Ever since he came back long ago it's been – he's been a lot more – quiet. He's a lot more – I guess when him and my mom fight it's a lot – I don't know what he's thinking, obviously, but I do notice that it's harder for them to get along in terms of like deflecting all conflicts that they have. I don't know if that is just like – I don't know what his thought process is, but I definitely notice there is a lot more tension whenever he's dealing with us…Now when he deals with stuff it's a lot more like confined to himself. It's crazy, because sometimes he'll take a month before he like really talks to you again or if he fights with my mom then it's like – it takes that long for him to finally like come to you and be comfortable enough to joke around again. Actually, like just recently, I told him about my boyfriend and stuff and he's actually not talking to me right now. It's really bad, because he doesn't just take it out on like me, he takes it out on everyone else in the family. My mom has been so frustrated because she said that before he wasn't like this."

"He's never actually like spoken to all of us about his experiences, but I'm pretty sure he has experienced a lot. So, I can only imagine like if you have – I always think if you have the power to be understanding or patient with somebody then be that – because you never know what they're thinking or what they're going through, and they may not want to say that now. I can imagine why my dad wouldn't want to think about those things now, just because of all the other life changes that are happening in all of our lives, so it's a lot…Ever since he came back he's not as open as he used to be, obviously with playing [with us] and stuff. He was so closed off and didn't want to talk about anything it actually translated to like other parts and that is actually why it's so hard to deal with him now, whenever there is a disagreement with him, because he doesn't want to say how he feels. He just likes to be quiet and let the other person yell. He just doesn't give his input. He's not as open as he used to be, even with my mom. She tells us she doesn't know why like petty arguments, the way they were, blew up in the way they did, because he doesn't say how he feels, ever. To my mom that's weird, because he didn't used to be like that, especially when they were dating in college and stuff. I don't know if that plays a part in why he's closed off, too, in dealing with things…We're always guessing like, Is he mad? Is he upset?"

"He doesn't like talk – he doesn't like talk about it a lot, but I do remember him talking about one experience. From what he says I couldn't even imagine. Keep in mind I was like seven or eight when he like came back, so hearing that small little story from his deployment I was like, what else did he see out there, you know? He said there was like an 18 year old kid that was attached to their unit and he said he would literally saw him like hold a gun up to his head and shoot himself in the head, and him seeing him just like drop. I heard that story, and he wasn't telling me that, but he was like talking to someone else about it…I don't even think he knew I

was there, because I was like playing downstairs, but it's understandable he wouldn't tell it to us kids, just because that is really dark stuff to share.…I was like that's what happens there? Like that is what war is? That is what is going on in Iraq? wherever this place was. I just thought my dad was like being deployed again to like the mainland [continental U.S.]. I didn't know that Iraq was like that…I couldn't get that image out of my head for a while, because I was kind of shocked that anyone would even do that… I had never heard about anyone doing that. Suicide actually wasn't even like a thing I knew about until he told that story."

"Joe" (silence): "She was hard to communicate with. I can't really say deal with, because it was only when she first got back that we didn't really have that much of an interaction. She's not at home all the time, because she has work as well. She was still in the service, but she just got home from like deployments. It's hard to communicate with her because when she first got back, she was almost always giving one word answers, yes/no and it's like – it seems like she's trying to minimalize every kind of conversation, which was – I just assumed it was just because of her military training, maybe they were just trained that way… she used to be always bubbly, always talking, she almost never stopped, but then it's like, I don't know, now she uses just one word answers and says as minimal as possible. It's just hard to do something for her at that point, anyway like, how are you doing? Do you need anything? because we lived in one house when she first got here."

"Like sometimes I see her, you know, like staring – like there are moments at home where I'm not sure if she's thinking [about something] and I'm not sure if she's doing anything or watching something. There are moments where she just seems like she's blank, blankly staring at something. So, if I say, hey, do you need anything, do you want something. I mean, she's cordial, she knows I'm her bigger brother, but it's just, 'No, I'm okay' and she just – she's

distant, basically…It was definitely harder, because like I said she wasn't like that when she first left. I just basically made excuses for myself about her behavior. I'd say [to myself] she just got back, it's the military, like I don't know what she's been through over there… The way she pictured everything, it was just – it was just very, very hard over there. I was gone for like seven months at a time dealing with 5,000 people. But I think it's just like she's scared about something that I can tell, but it's mostly with co-workers. That is the only thing I can catch from everything minimal that she's saying is it's about co-workers. It was just like, 'I had a rough time with my co-workers' She wouldn't really tell what it was… not even till now and it's been years… Yeah, like there is something that she wants to say but just doesn't want to say…She's family[looking away wistfully]."

"[I feel as if] it made me more sensitive to how other people are feeling, you know, by just their gestures, by the way they act, because I've been trying to figure my sister out for so long that I get hints here and there of when she's happy, when she just looked happy, when she liked something, when she just expressed that she liked something. It's because I've been trying to figure her out that way, even when she eventually moved, like just small talk on the phone, just hearing a change of tone in her voice it's like, okay, something is up but she doesn't want to tell me, so I'll just let it go, I'll just wait for her and I'll just follow up later. You know, certain facial expressions when she talks to me around friends, around her boyfriend, slowly and surely I catch on to things, because of the things I've been through with her. You know, if you have somebody who's is a blank slate and then you're trying to observe them little by little and that blank slate, that empty piece of paper, that white piece of paper starts to have lines eventually. That's when you notice the small little details I think that is what I got from that."

"It's like we're trying to figure out, too, like me and my mom like, did we do anything?

Like, did we say something? Like, why is she being like this? And we're like – like I said, since we are trying to be understanding, like it's the military, like I don't know what she's seen out there. I'm military myself and I have different – I have had a different like – we would have a different training and different stuff going on. I don't know what she has been through, so I'm trying not to judge, like I'm trying to put myself in her shoes, I don't know what she's gone through, she doesn't know what I've been through, so I didn't want to pry too much. But that makes me think that maybe I should have at that time. Who knows? It's too late now."

"I didn't really talk to anyone about it, other than my mom because I pretty much feel like it's a family matter. So, it should just stay with the family, but thinking about it now I feel like I should have talked to someone who actually knew what was going on. I don't think my mom was a very good resource. She was someone I could talk to at the time, but it might have been better for me to find somebody to talk to just to let it all out. So, I would think how do I let it all out? I mean my mom was there – but I didn't think anybody else would understand… Maybe at that point in time maybe I should have seen like if anybody knows anything or people that experienced that before maybe other people with the same experiences, maybe they could understand. You know, like a support group… Maybe if I knew people, even one, even one would be enough. Like we could share with each other like how they deal with it, maybe I would have had a better idea of how to deal with it, because I feel like I did a terrible job dealing with my sister when she first got back… Like even give just give us [family members] a handout, like if she's like this, do this. It's not like there was a check list back then."

Core theme 3: Apprehensiveness: Another prominent theme was apprehensiveness which seemed be related to the theme of silence and created an air of uncertainty.

"Ricky Wells" (apprehensiveness): "I remember her [my mom] telling me a story um

that um at one point after they were married after my oldest brother was born she said that she was scared to sleep in the same bed just because of what might happen or maybe if he woke up having like a violent reaction or something like that. So, she felt fear for her safety, but also um concern, great concern. I know that my dad sometimes said things in his sleep, but also I think even more scary than that is like the wailing or the motions and the movements that seemed, you know, violent, very heavy and abrupt movements, which is why my mom was scared. She was scared that she might get hit in the head or something because of that."

"My mom and dad did fight a lot. I don't know if that is strictly like a relationship thing. That might not even be associated with his condition at all, but they did divorce more than three times and they kept moving away from each other, moving back in, moving away from each other. I never attributed that – well, as a kid you don't even thing about mental conditions much, but I never attributed that to PTSD. It could definitely be a part of the picture, but I just thought they hated each other, and they loved each other. It was just like the wheel turning and I always felt like maybe that is what relationships actually are like. I don't know if other families fight this often, but mine fought pretty often…I did experience his mood swings and I think that might be related to his unstable emotions, emotionally unstable. He could be happy like he just picked me up from school, hey, kid, how was school? Good, good, and we'd make small talk and then slowly back into sadness, yeah if you know what I mean. Then that is just from what I saw, anyway. My mom, definitely, I heard my mom say the phrase mood swings at least 1,000 times in my life. My mom believed that he had mood swings, too."

"So, yeah, they went from very subtle episodes to very obvious episodes manifested in a number of different ways… My mom would come home and sometimes she would be like stressed out and she'd be like, what the hell, there's no food? Like what the hell were you doing

all day, and da-da-da? It's like, that did not help at all. And that happened often. It would happen often, and I was like, oh, man, I can't be here anymore. I would just close my door. And even in the daytime it's like I'd be out. So, I guess my way of avoiding it would be to avoid it would be to avoid it; to not be there. And to not be around them. That is why I would be out with my friends. Sometimes I wouldn't want to bring friends over because I'd be like, damn, my parents are embarrassing."

"Rose" (apprehensiveness): "So, it's my dad. Like growing up when I was little I don't really remember anything bad, like he was a really happy person. Then my parents got divorced when I was in 6th grade and that is when I started noticing like the differences when they were going through all that. My dad started drinking more heavily and I actually ended up stopping living with him for a while, because I just started to feel uncomfortable. He was living in my [grandmother's] – his mother's basement and he just – I mean, I didn't really know what a drunk person was, but I could tell it was like different and so my brothers actually ended up seeing a lot worse than what I did. A lot of the drinking that started out, I guess, got things rolling to where he got really bad."

"Elizabeth" (apprehensiveness): "So, one of the hardest things to deal with was his aggression. He would either be passive-aggressive or just plain aggressive. He was also very disrespectful and invalidating to my mom, to me, to everyone in general. It's like you never knew what he was going to say or how he was going to act. Sometimes he would get flashbacks and he would either get really angry or dissociate."

"Erica" (apprehensiveness): "Just the look on his face, like, I don't know the words to describe it. It's like, I don't even know how to describe the face. It was like anger, I don't want to say fear, because it wasn't a look of fear, it was more a look of aggression. He's just like a kid

with some [behavioral diagnosis], they're not trying to hurt people, they're just hurting inside. People misunderstand him and so they think he is aggressive, but he's just – he's scared… I know he's not that kind of person at all. He's a very, very soft nice lovely person and he doesn't really express a lot of anger. It takes a lot for him to get angry, but more and more over the years he has gotten more and more expressive with his anger, mostly due to his counselor encouraging that, which I don't really understand why she should be encouraging that. I think she is just trying to encourage him to express feelings, but I also feel like he feels out of control sometimes… It's hard to explain. I wasn't truly scared that he would hurt anybody, but I think I was more scared that he would just flip out and just run away. I just don't want to see him hurt anymore…Yeah. Like feel like he would do something because he's scared, and the people would come after him, because they think he is a psychopath or that he is a bad person, but he's not. He's just hurting, he just needed help."

"Bella" (apprehensiveness): "Well, it's small little things that you would think are like huge, like inconveniences throughout the day and he'll make a big deal out of certain things. I don't even remember him being like that. Like you watched our home videos of before he was deployed, he was a lot different and I'm like I watch it now and I'm like, wow, that's like – I feel used to it now. It's like we've adjusted to it in that way, but like, yeah, it's crazy how much upbeat and patient and he was, and a lot more involved he was at that time of our lives. Now, it's been a lot more like, you know, got to avoid him, don't want to cause trouble because you know it's going to start up something… Honestly, like any kind of disagreement. It won't even be like a big disagreement."

"It could just be like I know this is a really weird example, but like this kind of also shows my dad, like how hard it is for him to adjust to different times in our lives. So, when I first

got into college, I was around 18 and this is in the middle of the semester and I come home for the weekend and he tells me to brush my teeth. It's like no has ever like reminded me to brush my teeth or to do like all these little things, but I feel like – he kept on insisting that I brush my teeth at that moment. It kind of felt like he was kind of like exerting some authority because he wants – he still wants it to seem like I'm a little girl that he has to remind to like, oh, go take a shower, go brush your teeth. It confused me at the time like why are you insisting that I brush my teeth, you know? I can brush my teeth before I go to sleep and I'm not going to sleep anytime soon, and it was only 10:00 p.m. I don't know, moments like that he will make a very big deal, or he'll distance himself… Just any kind of like conflict small or big he has a hard time – or it's hard to get along with him. It takes two to like cause something, so obviously the way you react to back it has to be different. You definitely have to adapt… It got so bad to the point that I had to stay at my friend's house, her father has PTSD, I had to stay at her house, because like my dad and I just could not get along. It was to the point where it was unhealthy, and he kept pestering me about like he [my boyfriend] has to come to our church, he has to do this and that. When it's weird, because he's never been that – he hasn't been that religious."

"I've had to just like be patient and not talk back to cause anything. I just don't want to cause anything. Even like with my mom having to be patient with him in terms of like he overreacts about certain things or likes to distance himself at times, her having to change her mind and be patient with it, because she is that type of person – I'm also the type of person who wants to like, we need to talk about it at that moment, we need to solve it. and we just need to forget about it, but sometimes the way he acts now it's kind of like you have to be understanding of that. Like nowadays, he has to be to himself and think about it, think through things in order to

be okay again. However long that takes, whether it's like a month or so you have to be understanding of that. That's something that really has changed."

"Joe" (apprehensiveness): "Every time I tried to ask her about if she is on the boat and I try to ask jokingly – because I worked on airplanes and she was on boats – and every time I tried to ask her like is there anything fun happening on the boat? You were there for so long, for seven months, and you almost live on the ship. I don't know if it's a snappy thing, but it would be like I don't know if she's angry or irritated, but every time I mentioned her living on a boat for that long she would be like, 'I never asked to live on the boat for that long. I wish I could have stayed on land.' She almost says that she didn't have a choice kind of thing. So ever since she reacted like that I don't bring it up. Yeah, like she's defensive about me opening it up – like, you know, they consider a carrier like a little city. So, I was like, you know, I would make a joke, like that must be shitty that you were there, and she would be like, 'Yeah, because you're lucky because you live on land and it was hard for me on the boat, it's not like I had a choice.' It's almost like a snappy thing, because I always know that she has a little attitude, so I attributed it to that….It was like that reaction was almost instant, it wasn't like – because it was a surprise for me, her being quiet and being guarded and I opened that up and she was like – it was like she attacked me about something, [and I'm] like what did I do? You know, I was joking around, you know. So, it's definitely something probably that happened there that she didn't want to talk about, even until now she wouldn't, and I stopped prying."

Core theme 4: Loss. Another predominant theme was loss which all of the participants/co-researchers voiced in their own way.

"Ricky Wells" (loss): "I didn't feel like I had a similar upbringing to a lot of other people around me. I don't want to say that he didn't spend time with me, because he did. He was a great

dad, he tried to be as giving as possible. He'd pick me up from school, all my obligations he'd try to take care of, pick me up from school, take me out to eat and buying food, taking care of me like a normal dad would. So, he was just there in my life, but I can't recall the exact year when he came back or even how he was before. I didn't know him before that because by the time he came back he was already well, he was diagnosed already…The PTSD dad is the only dad that I knew. I don't even know what it's like to not have a parent with PTSD, so I'll never really know, right?"

"Before he went to war, he had friends and he went out, even if it was just with his drinking buddies, you know, he would do those things, but after when he came back that was completely absent, even from what I saw, it was like completely absent. My mom said it worsened after he came back. My mom had a few friends, but my dad was like a complete social hermit. I always felt that he [dad] was withdrawn. He spent a lot of time…by himself and not trying to be actively social. He didn't have much friends, even his own brother, [who] lives in Hawaii, he didn't talk to him too much until my mom kind of…got them to hang out. We were like having a family party and sometimes he would come out and hang out and drink with my uncles and stuff like that, but a lot of times he would just stay upstairs in his room to avoid social interaction. My mom loved the people at church. It was her idea for all of us to go as a family every Sunday…and my dad's eyes were like, I don't want to. It was like that with their friend group, too, like I don't want to see any people right now…I understand why my mom was pissed off. It's like you're [her husband] not even working, you're not doing anything, like do something! My mom, I just felt like she wasn't helping the situation, but she was helping the situation just by being there. I think it would be worse if he didn't have a family…a lot worse."

"I also, I felt episodes of depression, too, because of him. I'm concerned for him and I'm concerned, you know, what about me, too? I feel like at certain points of my life it's affected me for, you know, because everybody wants that dad that is a good go getter, going to go get things done, bring his family to the next level and do exciting things, like go camping, hunting, I don't know, fishing and things like that, which we went camping a couple of times but it wasn't systemized, and we took trips and stuff, but I think his emotions affected mine, too. It made me have kind of like a negative outlook at times… I've felt like my dad before, I've felt like him, apathetic towards things, not caring, not wanting to talk to people, not wanting to see people. I've felt like I've been him totally. I've totally felt that before. I do realize that is not a healthy way to be and it's definitely not a fun way to be, blocking everything off, kind of living in your own world, like kind of having a negative outlook on society, on life, on the military. I've felt that before. Like sometimes being around him was depressing, too, and I think it affected me emotionally just be that fact, wow, my dad, I don't know what's going on, like is this normal? Like you know, is being sad a normal thing? Is fighting with your wife a normal thing? Is being lazy and just trying to distract yourself all day, is that a normal thing?"

"Rose" (loss): "I guess this is a long time ago, but when I was in elementary school, I was a very outgoing person; I could be friends with anybody instantly. Then during my parents' divorce, I definitely reclused myself and I just, I guess, stopped being outgoing. I became very introverted. I just had my close group of friends and that was like the only people I talked to anymore…Like so like in high school there was a time, it was like homecoming. There was just this whole situation. He was going, like spiraling and stuff. Right after homecoming it was that Monday morning, he was supposed to pick us up and take us to school because my mom had to leave early, and it was like getting to be like 15 minutes before school started and we lived all the

way across town. I called him a bunch of times and he didn't answer and finally he answered, and he was, sorry, I just got into a car accident. It was because he had been drinking and was still drunk…He ended up getting…arrested and then..got fired and everything and got a court ordered rehab or something like that. That was like my first time that I actually knew he went to rehab, and they would take us in and be like, well, he has depression, PTSD, and alcoholism and all these are like a triangle bouncing off one another. So that was really hard to deal with him being – I think he was gone for three months or something. He stopped drinking for a while and I thought he was good, and it just kept going back and forth. He'd be good and then he'd be bad again, just basically throughout all of my high school…He's also become like really estranged from his family within the past year."

"Elizabeth" (loss): "Both of my parents had PTSD. My dad had childhood trauma and then when he was deployed, like I said, my dad's friend died saving him and he had a lot of survivor's guilt along with his PTSD. That happened on his first tour. I think that was the critical turning point when he returned, then things got really bad. Things didn't get better until he got deployed to Afghanistan and he got sanctioned for aggression. I guess that was his wake-up call. But it was a little late because the damage had already been done."

"Erica" (loss): "I feel sad because…they don't get to experience life like other people do anymore because the traumatic events that they experienced…Their relationship doesn't grow… Like when I want to go out and enjoy like a good time, friends and our family or just go out to an event he has PTSD and he would find it hard to enjoy themselves, they couldn't enjoy themselves, because they're, I guess you would call hypervigilant…You get frustrated with them, as well, because you just want them to feel good…Crowds bother him…fireworks, New Year's or Fourth of July, fireworks, guns, too much combat movies. Mostly crowds and loud

noises, too many people. They turn on that fight or flight thing. I know they have a word for it, I can't think of it right now. It's like they're hyper aware. What he tells me he has to see everything, he has to know what's going on, so he can feel like he's in control, protect people…I feel really sad, because I'd like to see him relax and to feel safe and not feel guilty. He also feels a lot of guilt. He feels a lot of guilt for, I don't know, something that is not his fault…[then] I feel what he feels [crying]… It makes me sad for him and our relationship wasn't working well… There is another part that people don't really know this that how are you supposed to be supportive to somebody when they are going through all this hard stuff, but also maintain your own happiness. It's kind of hard. You feel like you have to be – you should feel sad, too, or something. It's not fair for anybody. It's not what he wants. He doesn't want me to be sad."

"[The hardest thing for me to deal with was] him losing interest. Losing interest, not so much interest in things that made him happy but losing the joy for life that I saw in him. I felt like he used to have such joy – not that he was completely different, he always had these things in him, like before I met him. In the beginning of our relationship he just had more hope, I think. He lost a lot of hope. Then came the depression, like he lost interest in me. Now, I don't know. I feel like, I don't know how he feels. I don't know who he is, he's changed direction."

"Bella" (loss): "Our family dynamics have changed. I remember before my dad got deployed he used to play with us all the time, because we were a lot younger. I think I was like six or seven years old before he left. So, I'm the oldest, my sisters and I are like two years apart. So, I was like seven, and my sisters were five and three years old. I remember him always being like active, involved and stuff and being very, very patient before. Especially like from my mom's point of view. She would always say like, oh, yeah, he used to be so calm and whenever something would come up he would be like – he wouldn't get stressed out so easily. Nowadays

and I see it a lot more now that we're older and we're like all transitioning to like the next stages in our lives, which is college and moving away, I notice that he's a lot – he does act a lot different…So for example, me as the oldest, I'm going through a lot of things in my life first like go to college, moving away first, having a boyfriend and all these kinds of things. I notice that when he deals with like things like shocking life changes, I feel like he takes it a lot harder than a normal dad would. It's normal for like people to, I guess for a dad to be protective, that is understandable, but I feel like he handles it, it's a lot more like he kind of like distances himself away from not just you, but like the entire family… It's like his personality has changed, but it's not like he can't joke around or anything. He's not like so completely serious all the time. You definitely notice when he's like, when there is a problem or where there is something that he doesn't like, he doesn't handle quickly or normally, like what we would have expected, or my mom thought he would…I actually can't tell him a lot of things that I thought I could at this age, yeah, that's hard, too, because I kind of like lost half of my support in that way, but then obviously I have my mom to vent to and like tell things to, or talk with, because at least I know she won't have a hard time processing at first and she'll be able to like help me with whatever."

"Joe" (loss): "Well, my family member was my sister. So, when she first got back I could tell right away that she was different than before she left. We haven't seen each other for years, but she was a totally different person…It's made me feel like, Will I ever get that sister back? Will I ever get that same happy person, that has an almost irritating [smiles] personality back? not this – almost like a shell of herself and what she used to be… she was just at home, work, come back home and at home she was just like, she was just there. t's almost like feels like she is like – a boarder or tenant or something – she's in and out… When I'm home, she's in her room… She's there, she talks, she is cordial, but she's almost like a different person. She's

almost like – a tenant. Like, okay, I'm here, you know, let's eat and then I'm going to go rest, because I got to work tomorrow and that's it… It's almost like she's scared to build a connection again. It's almost like that."

Results of Application Validation

There were 106 validated invariant constituents (unchanging horizons) remaining as a result of the process of application validation as described by Moustakas (1994, p. 97) (see Figure K3.1). During the process of application validation each of the 162 invariant constituents (unchanging horizons) were compared with the complete transcript of the participant/co-researcher and were checked against the following questions: 1) Are they expressed explicitly in the complete transcription? 2) Are they compatible if not explicitly expressed? Fifty six of the 162 invariant constituents (unchanging horizons) were not were not explicit or compatible and therefore were not considered relevant to the participant/co-researcher's experience and were deleted.

Results of Constructing Individual Textural Descriptions

During this step, the student researcher used the 106 relevant, validated invariant constituents (unchanging horizons) and the accompanying core themes to construct an individual textural description for each participant/co-researcher. The participant's/co-researcher's perception of the phenomenon or noema constituted the textural side of their experience. More specifically, this was *what* the participant/co-researcher experienced in terms of the phenomenon. According to Moustakas (1994), the individual textural description should induce a clear image of what happens during the experience (p. 133).

Results of Stage 3: Imaginative Variation

The third major stage or process in the transcendental phenomenological approach is

imaginative variation (see Figure K3.1). The end goal of the imaginative variation stage is construction of individual structural descriptions. (Moustakas, 1994, pp. 97-99).During this stage the student researcher employed imaginative variation and reflected on each of the participant/co-researcher's individual textural descriptions and viewed them through the lens of imaginative variation in order to discover how the experience of the phenomenon came to be what it was. All the possible perspectives and meanings of the phenomenon were varied and viewed from different perspectives or vantage points, such as opposite meanings and various roles. All of the possible structural meanings within the individual textural descriptions that could explain the phenomenon were freely considered. All of the underlying themes or contexts that could explain the appearance of the phenomenon were considered. The mind was allowed to enter a state of free flowing consciousness under the premise that any perspective is a possibility, openly considering all thoughts that entered the mind that could possibly be structural qualities. The mind was open to reflecting on all possibilities in order to discover the true essence of the experienced phenomena. All of the possible underlying universal structures that triggered thoughts and feelings regarding the phenomenon, such as time, space, bodily concerns, materiality, causality, relation to self, and relation to others were considered. All of the basic universal structures of the phenomenon were viewed from different perspectives, and through imagination regarding how they could explain the textural meanings of the experience (Moustakas, 1994, pp. 60 & 97-99).

Results of Constructing Individual Structural Descriptions

The outcome of imaginative variation was construction of individual structural descriptions. Exemplars that clearly demonstrated the invariant or unchanging themes, contexts, and universal structures were identified and were used to construct individual structural

descriptions for each participant/co-researcher. This was the noesis or meaning of the phenomenon and represented *how* they experienced the phenomenon (Moustakas, 1994, p. 69 & pp. 97-99).

Results of Stage 4: Synthesis of Meanings

Results of Constructing Individual Textural-Structural Descriptions

Each participant/co-researcher's individual textural descriptions and individual structural description were synthesized into an individual textural-structural description of the experience, incorporating the relevant, validated invariant constituents (unchanging horizons) and core themes.

Results of Constructing a Composite Textural-Structural Description

During this final step of synthesis of meanings, the student researcher intuitively and reflectively synthesized all of the individual textural-structural descriptions into a composite textural-structural description of the true essence and meaning of the experience of the phenomenon that represented the group of individual participant/co-researchers as a whole (Moustakas, 1994, p. 100). (see Figure K3.1).

The experience of the phenomenon of intergenerational trauma was permeated by the core themes of powerlessness, silence, apprehensivness, and loss, which are **bolded** below. The noema or textural perception of the phenomenon was expressed though the thoughts and feelings of the participant/co-researchers. The noesis or structural meaning of the phenomenon was expressed through the universal structures time, space, bodily concerns, materiality, causality, relation to self, and relation to others, which are also **bolded** below. In order to answer the research question: *What is the essential structure of the lived experience of students attending a UH college campus on O'ahu who are family members of veterans with PTSD who served in the*

Iraqi-Afghanistan armed conflicts? The student researcher intuitively-reflectively synthesized all of the individual textural-structural descriptions into the following composite textural-structural description:

*The experience of living with a family member who is a veteran with PTSD leaves you feeling **powerless**. You want to help but do not know how. You try different things to try to help but nothing seems to work, or your efforts are rejected. You would give up all the **material** things in this world just to help them. It is as if you are separated from your loved one with large **space** or distance, as if they are **far away**, or as if there was an impermeable **wall** keeping you out and keeping them in. You are **powerless** over your family member's exaggerated reaction to things, which can range from irrational, angry, or controlling, to detached, withdrawn, depressed, or suicidal. You encourage your family member to get help but your family member does not want to get help. You start to give up. When your family member tries to get help, either nothing helps, or the help was not available when they needed it. This leaves you feeling helpless, guilty and confused, wondering if you should have done more, done less, or done things differently.*

*The household is filled with an ambiguous volatile **silent** presence. You do not like the **silence**, but you adapt, you get used to it after a while. Not knowing what happened to your family member makes it even harder for you to understand and deal with, even more so when you were a young child. Although your family member does not talk about their experience or how they are feeling, it is always omnipresent. You find **yourself** guessing and looking for clues as to how your family member is feeling. You wonder what **caused** your family member to change them so much. You make excuses for their behavior. You implore them to just talk to you and tell you what happened, so you can help. However, when the **silence** about their experience is*

inadvertently broken, what you hear is horrifying, terrifying, and unimaginable. You can't get the ***image*** *out of your head. Then you wish you never asked.*

The household becomes an empty ***space*** *without your loved one, which slowly becomes filled with an unspoken, hauntingly, pervasive sense of* ***apprehensiveness,*** *uncertainty, and unpredictability. You are in a constant state of uneasiness, always waiting for the next shoe to drop. You learn to avoid topics that might upset you family member. You feel as if you are constantly walking on eggshells and avoid interacting with them. Little things become big things and you find yourself tiptoeing around an ever-present smoldering volcano. There is an ambiguous volatile silent presence that is ominously insidious, yet unexplainably powerful and unstable that is lurking just under the surface and could explode at any moment destroying everything in its path.*

Your family member returned from war a changed person. You do not know who they are anymore, it is as if you are now living with a stranger in your own home. A visitor or tenant who is physically present but emotionally distant. You grieve the ***loss*** *of the family member you once knew. You lament over the* ***loss*** *of a normal childhood, or a normal parent for that matter. You feel abandoned and mourn the* ***loss*** *of your* ***relationship.***

You find ***yourself*** *acting and feeling like them, always watchful, always vigilant. Your mood ranges from silent and sullen to irritable or sad. You feel numb inside and find yourself withdrawing, detaching from others, not trusting, not caring. You look in the mirror and wonder to* ***yourself,*** *am I becoming just like them?*

You reminisce about a ***time*** *when your family member was different, more loving, calm, playful, open, and accepting, all of which has been replaced by coldness, aloofness, indifference, apathy, disinterest, and distrustfulness. You pass the* ***time*** *trying to be patient, giving your family*

*member **space**, and waiting for the **time** when your family member will be the way the used to be. Eventually you realize that **time** may never come.*

Summary of Chapter 4

Chapter 4 provided an in-depth description of the findings of this research study. Twenty one college students from UH Mānoa campuses on Oʻahu expressed interest in the study. Six of those 21 college students actually participated in the study, four females and two males ranging in age from 21 to 30 years old. Out of the six participant/co-researchers there were four adult children, one spouse/partner, and one sibling. Five of the participants/co-researchers were from UH Mānoa campus and one was from WCC campus. Although veteran status was not asked, three of the participants/co-researchers disclosed that they were veterans. Reasons for non-participation in the study included; non-response to follow-up phone calls/emails, academic challenges, not wanting to be recorded, not wanting to be interviewed in person, or not meeting the criteria. The projected sample size was 10 – 15 participant/co-researchers or until saturation was reached. Saturation was reached after interviewing three participant/co-researchers, but three additional participants/co-researchers were interviewed which did not reveal any new data, therefore recruitment was ended. The six participant/co-researchers were interviewed which was audio-recorded and transcribed. Credibility, transferability, dependability, and confirmability were used to establish trustworthiness.

A comprehensive description of the results of data analysis using Moustakas' (1994) Modified Van Kaam Method of transcendental phenomenological reduction was given. Results of each of the major stages or processes and the accompanying steps was given: Stage 1: Epoché (bracketing), Stage 2: Reduction – a) horizonalization, b) determining invariant constituents, c) identifying core themes, d) application validation, and e) construction of individual textural

descriptions. Stage 3: Imaginative Variation – construction of individual structural descriptions, and Stage 4: Synthesis of Meanings – construction of a composite textural-structural description that derived the true essence and meaning of the lived experience of college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts (see Figure K3.1).

CHAPTER 5: DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Chapter 5 presents a discussion of the findings and describes the relationship of the findings to the existing evidence base and the literature review from Chapter 2. The new knowledge that the findings of this study adds to the existing knowledge base on the phenomenon of intergenerational trauma will be illustrated. A discussion of the core themes and universal structures will be provided. A discussion of the selected design and methodology, along with the pros, cons, and an alternate method that was considered will be detailed. The limitations of the study are presented along with recruitment barriers. The implications and recommendations for future research, practice, and policy changes will be provided followed by a closing statement.

Discussion

Moustakas (1994) posits that all experiences have an essential underlying structure. In other words, the experience of intergenerational trauma is the same whether the relationship of the close family member to the veteran with PTSD is the parent, child, spouse/partner, sibling, grandparent, grandchild, or even close friend, who are often considered part of the family. This concept is reflected in the findings of this study as the participants/co-researchers reported very similar experiences no matter how they were related to the veteran with PTSD.

Participants/co-researchers also spoke of the effect that intergenerational trauma had on the veteran's other family members and close friends. One college student who did not meet the criteria for this study, was a veteran who was willing to be interviewed about the effect that his grandfather's PTSD from the Korean war had on him. Another college student who did not meet the criteria for this study, was a veteran who obviously felt that his PTSD had affected his cat when he half-jokingly and half-seriously asked if his cat could be interviewed.

Findings Supported by the Existing Evidence Base

The participant/co-researcher's experiences were reflective of other findings in the literature on the phenomenon of intergenerational trauma, which has been studied in the contexts of family members of veterans of war or armed conflicts, WWII Holocaust survivors, former POWs, survivors of acts of terrorism or political violence, historical trauma (oppression, slavery, genocide, refugees, religious suppression, colonization, displacement of indigenous people), interpersonal violence (domestic violence, physical, or sexual abuse), and healthcare providers who work with victims of trauma. This implies that intergenerational trauma is a universal concept spanning different contexts and the findings of research in other contexts is likely transferable to the context of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts, specifically family members who are college students.

Findings Supported by the Literature Review

The findings of this study are supported by three of the four themes identified in the Chapter 2 literature review: 1) the intergenerational nature of trauma, 2) similar symptomatology, and 3) perception and controllability attributions.

Intergenerational Nature of Trauma

One of the themes identified in the literature review in Chapter 2 was the intergenerational nature of trauma. This theme referred to the effects of PTSD on the family members as 'reciprocal', 'circular', 'systemic', 'bidirectional' or 'interpersonal' in nature. The findings of this study reflected this as several of the participants/co-researchers described the effect that PTSD had not only on their immediate family members, but their extended family members, and close friends of the veteran as well.

Similar Symptomatology

Another theme identified in the literature review in Chapter 2 was similar symptomatology between the family member and the veteran with PTSD. Several of the participants/co-researchers described feeling as if they were 'becoming like their family member' and reported that they had developed similar symptoms. The participants/co-researchers reported symptoms coincided with the DSM-5 diagnostic criteria for PTSD such as intrusive recollections/re-experiencing, avoidance, negative cognitions and mood, and alterations in arousal or reactivity (APA, 2013).

Intrusive recollections/reexperiencing. One of the diagnostic criteria for PTSD is intrusive recollections/re-experiencing, which was evident in the participant/co-researcher's reports of frightening thoughts and memories of the veterans extreme changes in behavior.

Avoidance. Another diagnostic criterion for PTSD is avoidance of things that remind them of the trauma, which was displayed by the participant/co-researcher's reports of avoiding topics that might upset the veteran family member and even avoiding interactions with the veteran family member altogether.

Negative cognitions and mood. The PTSD diagnostic criterion of negative cognitions and mood symptoms were expressed by the participants/co-researchers as negative thoughts about themselves, others, or the world. They described feeling hopelessness about the future or feeling inappropriate guilt. They reported having a depressed mood, a lack of interest in pleasurable activities, and feeling emotionally numb or detached from others.

Alterations in arousal or reactivity. One other PTSD criterion is alterations in arousal or reactivity. Several of the participants/co-researchers also reported symptoms such as startling

easily, feeling tense or on edge, having difficulty sleeping, having trouble concentrating, or having angry outbursts

Perception and Controllability Attributions

One other theme identified in the literature review in Chapter 2 was perception and controllability attributions. Participants/co-researchers reported that knowing what happened to their family member to cause their PTSD was more helpful than not knowing. The silence of the veteran with PTSD contributed to misperception and talking things out regarding the symptoms of PTSD improved perception. This was especially true for four of the six participants/co-researchers who reported being between six and twelve years old when their parent returned from combat with PTSD. These participants/co-researchers reported that when they were a young child, they spent many years wondering what happened to change their parent so drastically, wondering if they said or did something to make their parent upset, and trying to help their parent feel better in their own little way. Young children tend to perceive the PTSD symptoms displayed by their parent such as irritability, anger, or withdrawal as 'mommy or daddy is mad, I must have done something wrong.'

Two of the six participants/co-researchers were young adults when their family member developed PTSD. One was a spouse/partner of a veteran who already had PTSD when they met and the other was a sibling of a family member who returned from deployment with PTSD. "Bella" reported that her spouse/partner was open with her about his experiences that caused his PTSD, which helped her to understand and improved her perception. "Joe" said he did not even know that his sister had PTSD until just recently. He shared that in the past he had many misperceptions and attributed his sister's anger to poor self-control or he thought that he did or said something wrong. This was supported by the literature review in Chapter 2 which discussed

the role that perception and controllability attributions played in the magnitude of the effect of the veteran's PTSD on their family members. Family members who misperceived their family member's PTSD symptoms of anger and attributed it to a controllable cause, such as poor self-control had poorer outcomes, than those who attributed their family member's PTSD symptoms of nightmares to an uncontrollable cause, such as combat.

New Knowledge

The findings of this study also adds new knowledge to the existing knowledge base. Although there were many studies on intergenerational trauma in other contexts, there is a limited amount of research conducted with family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts who were non-college students. However, this is the first known study conducted with college students who have a family member with PTSD who served in the Iraqi-Afghanistan armed conflicts. This is also the first known phenomenological study conducted with college students who have a family member with PTSD who served in the Iraqi-Afghanistan armed conflicts. There was only one other qualitative phenomenological study on intergenerational trauma (Demers, 2008) which was conducted with non-college students.

Discussion of Core Themes

The findings of this study included identification of four core themes. The experience of the phenomenon of intergenerational trauma for the participants/co-researchers in this study was permeated by the overarching core themes of powerlessness, silence, apprehensiveness, and loss.

Powerlessness

Participants/co-researchers expressed their experience of the theme of powerlessness as being unable to help their veteran family member with PTSD despite their best efforts, as well as their veteran family member with PTSD being unwilling or unable to help themselves. They also

expressed feeling powerlessness over their veteran family member's symptoms of PTSD – intrusive recollection or reexperiencing of the trauma through unwanted or upsetting memories, nightmares, flashbacks, emotional distress (anxiety) or physical reactivity after exposure to trauma reminders – avoidance of trauma-related thoughts or feelings and trauma-related reminders (which contributed to the theme of silence) – negative thoughts or feelings, inability to recall key features of the trauma, overly negative thoughts and assumptions about oneself or the world (distrust of others), exaggerated blame of self or others for causing the trauma, negative affect, decreased interest in activities, feeling isolated, and difficulty experiencing positive affect (depression) - hyperarousal reactivity (irritability, aggression, risky or destructive behavior), hypervigilance (heightened startle reaction, difficulty concentrating, and difficulty sleeping) – and dissociation (derealization, depersonalization), which sometimes resulted in alcoholism or suicide attempts.

Silence

Participants/co-researchers expressed their experience of the theme of silence as a significant decrease or lack of communication from their veteran family member, about the experiences that caused their PTSD, their thoughts, their feelings, or even the fact that they had PTSD. This left the family members guessing what their veteran family member experienced or how they were feeling. This also left them wondering whether or not they had said or did something wrong. Danieli (1998) described this phenomenon as a 'conspiracy of silence.' Silence was a double-edged sword because experiences that were shared by the veteran family member were often horrifying, which only served to perpetuate the silence.

Apprehensiveness

Participants/co-researchers expressed their experience of the theme of apprehensiveness as uncertainty, unpredictability, and a constant state of uneasiness due to the veteran family member's explosiveness or reactivity to seemingly minor things. This left them avoiding certain topics that might upset their veteran family member or even avoiding interacting with the veteran family member altogether.

Loss

Participants/co-researchers expressed their experience of the theme of loss as feeling that the change in their veteran family member was so drastic that they felt as if they were living with a stranger and it was as if they did not know who they were anymore. They felt abandoned and grieved the loss of the family member they once knew, the loss of a normal childhood, the loss of a normal parent, and the loss of the relationship they once had or never would have.

Noema and Noesis.

The noema or textural perception of the phenomenon was expressed through the thoughts and feelings of the participant/co-researchers, which is described in detail above in the discussion of the core themes. The noesis or structural meaning of the phenomenon was expressed through the universal structures of time, space, bodily concerns, materiality, causality, relation to self, and relation to others (Moustakas, 1994), which is described in detail below.

Universal Structure of Time

Some of the textural descriptions that were expressed by the participants/co-researchers related to the universal structure of time – giving the veteran family member time to get better – long periods of time going by without the veteran family member talking to them – realizing as time went by that they may not be able to help their veteran family member – reminiscing about

a time when their veteran family member was not this way – anticipating a time when things might get better.

Universal Structure of Space

Some of the textural descriptions that were expressed by the participants/co-researchers related to the universal structure of space – feeling as if there was a great distance between them and the veteran family member – an emotional distance – a physical distance – feeling as if they were far away – giving the veteran family member space – needing to take space from the veteran family member - feeling as if the household had become an empty space filled with silence.

Universal Structure of Bodily Concerns

Some of the textural descriptions that were expressed by the participants/co-researchers related to the universal structure of bodily concerns – feeling as if they were becoming like the veteran family member – feeling stressed – feeling afraid of being hurt by the veteran family member.

Universal Structure of Materiality

Some of the textural descriptions that were expressed by the participants/co-researchers related to the universal structure of materiality – feeling as if there was an impermeable wall between them and the veteran family member – being willing to give up all the material things in this world just to help the veteran family member – comparing the veteran family member's experience to a fragile egg turning into a hardboiled egg when immersed in boiling water – depicting the veteran family member as a shell of what they once were – describing the veteran family member as a blank slate, an empty piece of white paper, and that only when you look close enough and long enough, will the lines on the paper appear.

Universal Structure of Causality

Some of the textural descriptions that were expressed by the participants/co-researchers related to the universal structure of causality – they wondered what events could have caused the veteran family member's PTSD that resulted in such a drastic change – they wondered whether they caused the veteran family member to act the way they did – they wondered if there was anything that might cause the veteran family member to get better.

Universal Structure of Relation to Self

Some of the textural descriptions that were expressed by the participants/co-researchers related to the universal structure of relation to self – feeling guilty for not being able to help the veteran family member, for being angry with them, or for giving up on them – feeling like maybe they should have done more to help the veteran family member – feeling like maybe they should have done less to help the veteran family member – feeling like maybe they should have just stayed out of the way.

Universal Structure of Relation to Others

Some of the textural descriptions that were expressed by the participants/co-researchers related to the universal structure of relation to others – feeling like no one else would understand what it is like to live with a veteran family member with PTSD – feeling like the relationship with the veteran family member is lost – worrying that the veteran family member might hurt others.

Pros and Cons of Selected Design

Moustakas' (1994) Modified Van Kaam Method of transcendental phenomenological reduction was selected for this study. There are several pros and cons to this method, which are presented below.

Pros

Moustakas' (1994) Modified Van Kaam Method of transcendental phenomenological reduction provided a systematic approach to researching and analyzing the lived experience of a phenomenon and for transforming concrete data into abstract concepts, and then deriving the underlying meanings. Moustakas' (1994) provides explicit descriptions and examples of each stage of the Modified Van Kaam Method of transcendental phenomenological reduction. The interview process came naturally to this student researcher who had many years of experience interviewing clients using therapeutic communication techniques such as open ended questions, active listening, acceptance, reflecting, focusing, and seeking clarification. Overall this seemed to be an appropriate design for this study. The findings yielded thick, rich data which was used to construct a composite textural-structural description. This resulted in a deeper understanding of the essential structure of the phenomenon of intergenerational trauma and derived the true essence or meaning of the lived experience of college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts.

Cons

Moustakas' (1994) Modified Van Kaam Method of transcendental phenomenological reduction has multiple steps which required intensive study prior to embarking on the research study. There was unique terminology that was difficult to grasp, but was key to understanding the method. It was easy to get lost in the method which required referring back to the Moustakas' (1994) text to be sure the approach was being implemented correctly. Moustakas' uses the phrase, "you look, and then look again." This prompted this student researcher to develop a figure entitled: Deriving the True Essence – A Graphic Depiction of Moustakas' (1994) Modified Van Kaam Method of Phenomenological Reduction (Neves, 2019) (see Figure K3.1).

The epoché process was especially challenging for this student researcher due to previous background experience and knowledge of PTSD. The data analysis stage was very time-consuming, and required large chunks of time to fully immerse oneself in the data. Also, determining the best way to present the data was challenging as there is great variation in the presentation of other phenomenological studies in the literature. Another consideration is that a large amount of data is generated through a 60 – 120 minute interview. A professional transcriptionist was hired to transcribe the interviews due to the amount of time it would take for a person without the proper equipment or experience to transcribe the interviews. One could imagine that a seasoned phenomenological researcher may not require as much time to conduct this type of study, compared to a student researcher who is conducting a phenomenological study for the first time. Despite the cons, transcendental phenomenology yields amazingly rich data that is highly useful, which would be impossible to gather with other research methods. It was well worth the time spent and highly recommended for complex phenomena that are not widely studied in a specific population.

Alternate Method Considered

Moustakas' (1994) Modified Stevik-Colaizzi-Keen Method of Transcendental Phenomenological Reduction was an alternate method that was initially considered for this study. This method is very similar to Moustakas' (1994) Modified Van Kaam method but differs in that it calls for the researcher to provide an autobiographical description of their own experiences that prompted them to research this phenomenon. However, Moustakas' (1994) Modified Van Kaam method of transcendental phenomenological reduction was determined to be a better fit for this study.

Limitations

One of the main limitations of this study was difficulty accessing the targeted population as there was no gathering place specifically for college students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. Another limitation was that the sample size was small due to recruitment being limited by the inclusion criteria. Although the sample size of six participants/co-researchers was adequate for this type of study and saturation was reached after interviewing three participants/co-researchers, the sample size was smaller than the projected 10 – 15 participants/co-researchers and it may have been beneficial to have a larger sample size.

One of the possible contributing factors to the small sample size may have been the reluctance of family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts to self-identify due to fear of stigmatization or possible repercussion to their veteran family member's military career. Other contributing factors that were explicitly expressed by potential participants/co-researchers were: reluctance to be interviewed in person or be audio recorded, and academic demands. College students are typically very busy and have to prioritize their studies over everything else, thus emails and flyers that are not relevant to their studies are easily overlooked. One can only hypothesize as to why potential participants who initially expressed interest and met criteria never scheduled an interview. Perhaps given time to think about talking about their experience brought up too many painful memories and avoiding scheduling the interview was a method of self-preservation.

Implications and Recommendations

The findings of this study have great implications for future research, practice, and policy development. PTSD has a devastating effect not only on the veteran, but also on the family

members as well in the form of intergenerational trauma. One of the primary roles of healthcare providers is to advocate for their patients and they are also in a prime position to promote research, practice, and policy changes.

Recommendations for Future Research

The findings of this study have great implications for future research. One of the recommendations for gaining more participants/co-researchers is to allow interviews to be conducted via telephone or videoconferencing. Another recommendation is to expand the inclusion criteria to students attending the UH campuses on the neighbor islands, or even include non-college students. Several of the participants/co-researchers spoke about the effect the veteran family member's PTSD had on other family members and close friends. That information could have been used to snowball the recruitment efforts by opening interviews up to the family members and close friends.

Focus groups should also be considered as they may actually encourage deeper sharing of the family member's experiences because hearing about the experiences of others would create a sense of affinity and safety in sharing within the focus group. College students who are family members/dependents of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts may greatly benefit from supportive services as they are often greatly affected by their veteran family member's PTSD. However, these services will not be put into place until the problem is acknowledged and supported through research.

Recommendations for Practice

Specific diagnostic criteria. The findings of this study have great implications for practice. Improving practice based on the evidence is the crux of evidence-based practice. The DSM-5 (APA, 2013) does not have separate diagnostic criteria or a specific diagnosis for

secondary or intergenerational trauma. Instead the DSM-5 (APA, 2013) merely describes it under the diagnostic criteria for PTSD as indirect exposure to trauma "Learning the event(s) occurred to close family or friend…[and]…repeated or extreme exposure to details of the event(s)" (APA, 2013, p. 271). This leads to confusion for mental health practitioners – should someone with secondary or intergenerational trauma be diagnosed with PTSD since it meets the same criteria? It is highly likely that is not the current practice, which leaves family members of veterans with PTSD who develop secondary or intergenerational trauma undiagnosed. This also leads to problems in other areas that require diagnoses such as: billing, insurance reimbursement, and disability benefits. Therefore, one recommendation for practice would be for the APA to consider creating a DSM-5 text-revision or addendum to include a specific diagnosis for secondary or intergenerational trauma with separate diagnostic criteria in order to clarify the diagnosis by separating it out from the diagnosis of PTSD in the DSM-5.

Standardized specific measurement tool. Because there is no specific diagnostic criteria for secondary or intergenerational trauma, there is no standardized specific measurement tool. The literature review in Chapter 2 discussed that research studies used of a variety of measurement tools to measure for secondary or intergenerational trauma. One study conducted by Herzog et al. (2011) used the Secondary Trauma Scale (STS) (Motta, Hafeez, Sciancalepore, & Diaz, 2001; Motta, Newman, Lombardo, & Silverman, 2004). Other studies used modified versions of PTSD screening tools. Bjornestad et al., (2014) used the PCL-M (Weathers et al., 1993) to measure secondary or intergenerational trauma in family members. Renshaw et al., (2008) used the PTSD Checklist-Civilian version (PCL-C) (Weathers et al., 1993) to measure secondary or intergenerational trauma in family members. Miller et al. (2013) used the Clinician Administered PTSD Scale (CAPS) (Blake et al., 1995) to measure secondary or intergenerational

trauma in family members. Nelson Goff et al. (2007) used several measurement instruments to measure intergenerational or secondary trauma symptoms in family members: the TEQ (Vrana & Lauterbach, 1994), the PPTSD–R (Lauterbach & Vrana, 1996), and the TSC–40 (Briere, 1996). Lester et al. (2010) used the PDS (Foa, Cashman, Jaycox, & Perry, 1997) to measure for intergenerational or secondary trauma symptoms in family members. The use of multiple tools to measure secondary or intergenerational trauma confounds the research results making it difficult to conduct a systematic review or meta-analysis of the research.

Another concern is that all of the screening tools that were used for these studies were developed before the release of the DSM-5 (APA, 2013) and are likely based on older versions of the DSM such as: DSM-IV-TR (APA, 2000), DSM-IV (APA, 1994) or DSM-III, 1980). Therefore, another recommendation for practice is to develop a standardized screening tool for secondary or intergenerational trauma. In the meantime, it is recommended that all health care practitioners screen family members of veterans with PTSD for similar symptoms, educate them about how to best support their family member without losing themselves, and refer them for treatment if needed.

Specific treatment modalities. Participants/co-researchers expressed that knowing about what their family member with PTSD was experiencing would have been extremely helpful. Children in particular have a difficult time understanding invisible injuries like PTSD. Therefore, one recommendation for practice would be to use a trauma-informed family therapy treatment modality during which the therapist would facilitate a discussion supporting veterans with PTSD in talking about their experiences and feelings to their family members. Sharing what they have been through does not have to contain graphic detail but could be described in general terms. Children tend to blame themselves for as the cause of their parent's symptoms, i.e. 'I was bad

and that made mommy or daddy angry' or 'my mommy or daddy do not love me anymore (Gorman, Fitzgerald, & Blow, 2010). Facilitating veterans to share their feelings and experiences with their children in an age-appropriate manner could help children to better understand what is happening to their parent and reassure them that they are not to blame.

Participants/co-researchers who were spouse/partners of a veteran with PTSD also reported relationship problems. Trauma-informed couples therapy is recommended to help correct some of the misperceptions that occur with perception and controllability attributions. Participants/co-researchers also expressed that they did not have anyone to talk to about what they were experiencing and did not know where to turn. Family members often do not realize that there are other people who have a veteran family member with PTSD who are going through the same experience and they often do not seek out therapy or support as the traumatic event did not directly happen to them. Therefore, another recommendation for practice as far as a treatment modality, would be to develop trauma-informed support groups specific to family members of veterans with PTSD. Although there are different models of support groups, a 12-step model may be a consideration as it is widely known, is a spiritual as opposed to a religious group, focuses on cognitive restructuring, and encourages people to focus on themselves instead of on their veteran family member's behavior.

Recommendations for Policy Development

The findings of this study illustrated the difficulties family members of veterans with PTSD had with accessing care. Improving access to care is an important implication for policy development. Several of the participant/co-researchers expressed that they felt alone and that they could not talk about their experience of living with a veteran with PTSD because no-one understood. Only one of the participant/co-researchers had a best friend who also had a father

who was a veteran with PTSD and she found solace in talking to someone who really understood and could relate to her situation. As an increasing number of family members/dependents are using VA education benefits to return to college due to military force shaping, the need for supportive services specifically tailored to college students who are family members of veterans with PTSD increases exponentially. Therefore, it is also recommended that supportive services specifically designed for this population be developed on all university campuses, as well as in community settings.

Closing Statements

The Butterfly Effect

According to Chaos Theory, something as small as the flap of a butterfly's wings in Brazil can set off a tornado in Texas (Lorenz, 1972). When something happens to a family member, no matter how small or how large, the effects are widespread and can affect all of the generations, parents, grandparents, children, grandchildren, siblings, spouse/partners, close family friends, and perhaps even family pets. One cannot address the problems in one of the family members and expect the whole system to improve. Therefore, it is crucial to approach the phenomenon of intergenerational trauma holistically and create a safe place for healing not only for veterans, but for the family members and close friends of veterans with PTSD to gather, share their experiences, and recover what was lost. It is hoped that the findings of this study are like the far reaching butterfly effect, and will help to illuminate the fact that family members and close friends are part of a very closely connected intergenerational system. It is also hoped that the results of this study will be used to lay the foundation for future research on the phenomenon of intergenerational trauma in family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts.

Moustakas (1994) encourages the participants/co-researchers to share poetry, art, or other forms of inspiration the exemplify the lived experience of the phenomenon. One of the participants/co-researchers "Joe" was a veteran who had a sister who was a veteran with PTSD. "Joe" was a former student of this student researcher in a mental health clinical course at the VA. "Joe" was passionate about mental health and veterans. One day when this student researcher ran into "Joe", he asked how the dissertation research study was going. This student researcher explained that they were still recruiting participants/co-researchers. "Joe" said he would see if anyone he knew met the criteria. The next time this student researcher saw "Joe" he mentioned that his sister was a veteran who had some mental health challenges, but he did not know what they were. So, he texted her and asked her and then said, "My sister said she has PTSD. I never knew that." After some time, Joe volunteered to participate in this researcher's dissertation research study.

During the interview this researcher found that what "Joe" had to say was so poignant that his words hung in the air long after he left, as well as for several days afterwards. After much thought, it was seeing the transformation in "Joe" after finding out that his sister had PTSD that was so emotionally moving. "Joe" went from going for years not knowing why his sister had changed so drastically to suddenly having a complete understanding. It was like seeing the sun come out for the first time in years. The unfolding of this metamorphosis during the interview drove home the point of why it is so very important for family members to truly understand how dramatically PTSD can change a veteran. At the end of his interview, "Joe" felt it was essential for this student researcher to share this message with other family members and friends of veterans with PTSD, which this student researcher is honored to do as it seems to be a perfect closing statement for this research study.

A Message from "Joe"

"I don't know – maybe when – I don't know if you can add it in [to] your study one day, but maybe, it is a message, maybe somehow that message will go out one day, especially for people who know people with PTSD. Maybe, I don't know – if they're aggressive or they're silent like my sister was, or isolated – just try to change your perspective. It really bugs me and hurts me that there is still a stigma of mental health but maybe they can just treat it and look at it…It just came to me like it's [your family member's PTSD] just a blank piece of paper. It's like a piece of art work that you're starting, so just figure them out slowly. You stare at them long enough, you spend time with them long enough [and] you'll eventually see little details that could eventually help them out. I mean if they're family, if they're friends, it's really about patience, sometimes people run out of it, I ran out of it. Maybe one day when people will understand that it's something that they have to figure out if they really care about that person. Just be patient and don't give up. There is a light at the end of the rainbow, but that rainbow might be so long [that] it will take years to get to it. Just like I did. It took her [my sister] seven years to tell me [about her PTSD], that is what I'd been through with her. From 2012 until [2019], like I said, she's a lot better now, but [for] seven years I had no idea [what was going on with her] until she told me."

"Give yourself to them. Like I said it's not just you're looking at the person, you care about the person, it's okay to be tired, it's okay to be frustrated, it's okay to be angry at them for being like that. You know, just be everything else but don't ever – just don't ever give up on them…because that's why they're there, if they really don't need you, if they really despise you as a person who is always there annoying them or bugging them or making life difficult they would leave. You know, but maybe they just needed somebody to blow everything off with, you

know, and just be that shock absorber, but like I said forgive yourself as well. Be there for them, take care of them, but forgive yourself for being angry, forgive yourself for not being there all the time, forgive yourself for your limits, not everyone can handle that or go through that. I think if you forgive yourself then eventually you will understand that you gave your all and that will make you feel better, because if you don't then it will just haunt you and it will affect you for the rest of your life. If you start forgiving yourself for acting or not even doing anything at that point in time and eventually you will learn a lot from it. Don't give up. Because if they want you gone, they will leave."

"It takes a lot of reflecting. Because when you are in the heat of the moment everything seems so tunnel vision. Like this is always going to be like this, my life is miserable, her life is miserable, but then at the end of the day she is still there, she still comes home opens the locks on your door and she goes to her room, eats your food, you know – she's still there. It's still your first priority – that's still your person. She's just going through some things that takes a while, it takes time. Just like for everybody, just having someone is enough. It's very important for people with PTSD, just the presence, you don't even have to say anything you know."

"So, when you do like a conference for PTSD, or like you know – when your research goes out, could give this message to them? – Forgive them, and forgive yourself most of all."

APPENDIX A

TABLE A1.1

Fall 2018 Number of Students Using Veteran's Educational Benefits at UH Campuses on O'ahu (UH IRAO, 2018)

UH Campus	Non-Resident National Guard/Reserve Exempt (Veterans)	Non-Resident Military Exempt (Veterans)	Non-Resident Veteran/Dependent Exempt (Family Members)	Total Students
Mānoa	20	350	326	**696**
West O'ahu	7	95	92	**194**
HCC	1	88	107	**196**
KCC	3	175	132	**310**
LCC	6	317	191	**514**
WCC	0	108	41	**149**
Total	**37**	**1,133**	**889**	**2,059**

Note. HCC = Honolulu Community College, KCC = Kapi'olani Community College, LCC = Leeward Community College, WCC = Windward Community College.

APPENDIX B

Principal Investigator/Researcher CITI Non-Exempt Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** John Casken (ID: 5455242)
- **Email:** hawaii.edu
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Unit:** Nursing
- **Phone:** 808.956.5750

- **Curriculum Group:** Information Privacy Security (IPS)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel IPS
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 19097722
- **Completion Date:** 03/22/2016
- **Expiration Date:** 03/22/2019
- **Minimum Passing:** 80
- **Reported Score*:** 100

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Basics of Information Security, Part 1 (ID: 1423)	03/22/16	No Quiz
Basics of Information Security, Part 2 (ID: 1424)	03/22/16	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

APPENDIX B (continued)

Principal Investigator/Researcher CITI Non-Exempt Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** John Casken (ID: 5455242)
- **Email:** hawaii.edu
- **Institution Affiliation:** University of Hawaii (ID: 1688)
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- **Curriculum Group:** Information Privacy Security (IPS)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel IPS
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 19097722
- **Report Date:** 03/22/2016
- **Current Score**:** 100

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Basics of Information Security, Part 1 (ID: 1423)	03/22/16	No Quiz
Basics of Information Security, Part 2 (ID: 1424)	03/22/16	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

APPENDIX B (continued)

Principal Investigator/Researcher CITI Non-Exempt Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** John Casken (ID: 5455242)
- **Email:** hawaii.edu
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Unit:** Nursing
- **Phone:** 808.956.5750

- **Curriculum Group:** Human Subjects Research (HSR)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 19030665
- **Completion Date:** 03/14/2016
- **Expiration Date:** 03/14/2019
- **Minimum Passing:** 80
- **Reported Score*:** 98

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID: 1127)	03/14/16	3/3 (100%)
Cultural Competence in Research (ID: 15166)	03/14/16	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	03/14/16	5/5 (100%)
Assessing Risk - SBE (ID: 503)	03/14/16	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	03/14/16	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	03/14/16	5/5 (100%)
Informed Consent - SBE (ID: 504)	03/14/16	5/5 (100%)
Internet-Based Research - SBE (ID: 510)	03/14/16	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	03/14/16	5/5 (100%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	03/14/16	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	03/14/16	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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APPENDIX B (continued)

Principal Investigator/Researcher CITI Non-Exempt Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** John Casken (ID: 5455242)
- **Email:** hawaii.edu
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Unit:** Nursing
- **Phone:** 808.956.5750

- **Curriculum Group:** Human Subjects Research (HSR)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 19030665
- **Report Date:** 03/14/2016
- **Current Score**:** 98

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethical Principles - SBE (ID: 490)	03/14/16	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	03/14/16	5/5 (100%)
Belmont Report and CITI Course Introduction (ID: 1127)	03/14/16	3/3 (100%)
The Federal Regulations - SBE (ID: 502)	03/14/16	5/5 (100%)
Assessing Risk - SBE (ID: 503)	03/14/16	5/5 (100%)
Informed Consent - SBE (ID: 504)	03/14/16	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	03/14/16	5/5 (100%)
Internet-Based Research - SBE (ID: 510)	03/14/16	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	03/14/16	4/5 (80%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	03/14/16	5/5 (100%)
Cultural Competence in Research (ID: 15166)	03/14/16	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

APPENDIX B (continued)

Principal Investigator/Researcher CITI Non-Exempt Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** John Casken (ID: 5455242)
- **Email:** hawaii.edu
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Unit:** Nursing
- **Phone:** 808.956.5750

- **Curriculum Group:** Human Subjects Research (HSR)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 19030665
- **Report Date:** 03/14/2016
- **Current Score**:** 98

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethical Principles - SBE (ID: 490)	03/14/16	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	03/14/16	5/5 (100%)
Belmont Report and CITI Course Introduction (ID: 1127)	03/14/16	3/3 (100%)
The Federal Regulations - SBE (ID: 502)	03/14/16	5/5 (100%)
Assessing Risk - SBE (ID: 503)	03/14/16	5/5 (100%)
Informed Consent - SBE (ID: 504)	03/14/16	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	03/14/16	5/5 (100%)
Internet-Based Research - SBE (ID: 510)	03/14/16	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	03/14/16	4/5 (80%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	03/14/16	5/5 (100%)
Cultural Competence in Research (ID: 15166)	03/14/16	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

APPENDIX C

Student Investigator/Researcher CITI Non-Exempt Training

- **Curriculum Group:** Human Subjects Research (HSR)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 28274589
- **Completion Date:** 08-Aug-2018
- **Expiration Date:** 07-Aug-2021
- **Minimum Passing:** 80
- **Reported Score*:** 96

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and Its Principles (ID: 1127)	30-Jul-2018	3/3 (100%)
Cultural Competence in Research (ID: 15166)	30-Jul-2018	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	30-Jul-2018	5/5 (100%)
Assessing Risk - SBE (ID: 503)	07-Aug-2018	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	30-Jul-2018	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	07-Aug-2018	4/5 (80%)
Informed Consent - SBE (ID: 504)	30-Jul-2018	5/5 (100%)
Internet-Based Research - SBE (ID: 510)	08-Aug-2018	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	30-Jul-2018	5/5 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	30-Jul-2018	4/5 (80%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	08-Aug-2018	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?kf6303856-c5aa-4fc3-bb7f-4dabb6309447-28274589

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

APPENDIX C (continued)

Student Investigator/Researcher CITI Non-Exempt Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Abbie Neves (ID: 2362656)
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Email:** ajn06@hawaii.edu
- **Institution Unit:** Nursing
- **Phone:** 808-554-9494

- **Curriculum Group:** Human Subjects Research (HSR)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 28274589
- **Report Date:** 22-Aug-2018
- **Current Score**:** 95

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Students in Research (ID: 1321)	07-Aug-2018	4/5 (80%)
History and Ethical Principles - SBE (ID: 490)	30-Jul-2018	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	30-Jul-2018	5/5 (100%)
Belmont Report and Its Principles (ID: 1127)	30-Jul-2018	3/3 (100%)
The Federal Regulations - SBE (ID: 502)	07-Aug-2018	4/5 (80%)
Assessing Risk - SBE (ID: 503)	07-Aug-2018	5/5 (100%)
Informed Consent - SBE (ID: 504)	30-Jul-2018	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	30-Jul-2018	5/5 (100%)
International Research - SBE (ID: 509)	08-Aug-2018	5/5 (100%)
Internet-Based Research - SBE (ID: 510)	08-Aug-2018	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	08-Aug-2018	5/5 (100%)
Cultural Competence in Research (ID: 15166)	30-Jul-2018	5/5 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	30-Jul-2018	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?kf6303856-c5aa-4fc3-bb7f-4dabb6309447-28274589

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APPENDIX C (continued)

Student Investigator/Researcher CITI Non-Exempt Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Abbie Neves (ID: 2362656)
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Email:** ajn06@hawaii.edu
- **Institution Unit:** Nursing
- **Phone:** 808-554-9494

- **Curriculum Group:** Information Privacy Security (IPS)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel IPS
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 28274588
- **Completion Date:** 07-Aug-2018
- **Expiration Date:** 06-Aug-2021
- **Minimum Passing:** 80
- **Reported Score*:** 100

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Basics of Information Security, Part 1 (ID: 1423)	07-Aug-2018	5/5 (100%)
Basics of Information Security, Part 2 (ID: 1424)	07-Aug-2018	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?kc21a4624-0d25-4d19-8e7f-dd5090e6a6a5-28274588

Collaborative Institutional Training Initiative (CITI Program)
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Web: https://www.citiprogram.org

APPENDIX C (continued)

Student Investigator/Researcher CITI Non-Exempt Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Abbie Neves (ID: 2362656)
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Email:** ajn06@hawaii.edu
- **Institution Unit:** Nursing
- **Phone:** 808-554-9494

- **Curriculum Group:** Information Privacy Security (IPS)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel IPS
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 28274588
- **Report Date:** 22-Aug-2018
- **Current Score**:** 89

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Basics of Information Security, Part 1 (ID: 1423)	07-Aug-2018	5/5 (100%)
Basics of Information Security, Part 2 (ID: 1424)	07-Aug-2018	5/5 (100%)
Protecting Your Computer (ID: 1425)	16-Aug-2012	6/8 (75%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?kc21a4624-0d25-4d19-8e7f-dd5090e6a6a5-28274588

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

APPENDIX D

UH Office of Research Compliance Social and Behavioral Sciences Institutional Review Board Approval Letter

UNIVERSITY of HAWAI'I® SYSTEM

Office of Research Compliance
Human Studies Program

TO:	Casken, John, RN., MPH., PhD., University of Hawaii at Manoa, School of Nursing and Dental Hygiene
	Neves, Abbie, MSN, APRN-Rx, BC, University of Hawaii at Manoa, School of Nursing and Dental Hygiene
FROM:	Rivera, Victoria, Interim Dir, Ofc of Rsch Compliance, Social & Behavioral
PROTOCOL TITLE:	What is the Lived Experience of College Students who have a Family Member with PTSD who served in the Iraqi-Afghanistan Armed Conflicts?
FUNDING SOURCE:	
PROTOCOL NUMBER:	2018-00603
APPROVAL PERIOD:	Approval Date: September 05, 2018 Expiration Date: September 04, 2019

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Under an expedited review procedure, the research project identified above was approved for one year on September 05, 2018 by the University of Hawaii Institutional Review Board (UH IRB). The application qualified for expedited review under CFR 46.110 and 21 CFR 56.110, Category 6, 7a, 7b.

This memorandum is your record of the IRB approval of this study. Please maintain it with your study records.

The UH IRB approval for this project will expire on September 04, 2019. If you expect your project to continue beyond this date, you must submit an application for renewal of this Human Studies Program approval. The Human Studies Program approval must be maintained for the entire term of your project.

If, during the course of your project, you intend to make changes to this study, you must obtain approval from the Human Studies Program prior to implementing any changes. If an Unanticipated Problem occurs during the course of the study, you must notify the Human Studies Program within 24 hours of knowledge of the problem. A formal report must be submitted to the Human Studies Program within 10 days.The definition of "Unanticipated Problem" may be found at the HSP Policies & Guidance website, www.hawaii.edu/researchcompliance/policies-guidance, and the report form may be downloaded from the website www.hawaii.edu/researchcompliance/report-protocol-violation-or-unanticipated-problem.

You are required to maintain complete records pertaining to the use of humans as participants in your research. This includes all information or materials conveyed to and received from participants as well as signed consent forms, data, analyses, and results. These records must be maintained for at least three years following project completion or termination, and they are subject to inspection and review by the Human Studies Program and other authorized agencies.

Please notify this office when your project is complete. Upon notification, we will close our files pertaining to your project. Reactivation of the Human

1960 East-West Road
Biomedical Sciences Building B104
Honolulu, Hawai'I 96822
Telephone: (808) 956-5007
Fax: (808) 956-8683
An Equal Opportunity/Affirmative Action Institution

Please contact this office if you have any questions or require assistance. We appreciate your cooperation, and wish you success with your research.

APPENDIX E

Recruitment Flyer

We are Recruiting Participants for a Study Entitled:

What is the Lived Experience of College Students who have a Family Member with PTSD who Served in the Iraqi-Afghanistan Armed Conflicts?

- **Are you a college student who is 18 years of age or older?**
- **Do you have a family member with PTSD who served in the Iraqi-Afghanistan Armed Conflicts?**

If the answer is **YES to both questions**…
We would like to invite you to participate in a research study.

The purpose of this study is to gain insight into the lived experience of college students who have a family member with PTSD who served in the Iraqi-Afghanistan armed conflicts. The study is being conducted across six University of Hawai`i Campuses on the island of Oahu in collaboration with the UH Offices of Veteran Student Services.

- Participants will be interviewed anonymously, the interview will last approximately 60 minutes, and will take place at a mutually agreeable location.
- Participants will be compensated for their time with a gift card.
- Participants can review a summary of the results of the study if desired.

To learn more about the study,
please contact Abbie Neves, MSN, APRN-Rx-BC, (Student Investigator/Doctoral Student) at (808) 956-8341 or Abbie.Neves@hawaii.edu

UH IRB Approval Date 09/05/2018 – 09/04/2019. Protocol ID # 2018-00603. *This research study is being conducted by student investigator, Abbie Neves, MSN, APRN-Rx-BC under the supervision of principal investigator Dr. John Casken, RN, MPH, PhD, as part of the University of Hawai`i Doctoral Program in Nursing and has been approved by the Institutional Review Board (IRB) for Protection of Human Research Participants.*

APPENDIX F

University of Hawai`i

Recruitment Letter

Subject: College Students with a Family Member who served in Iraqi-Afghanistan Armed Conflicts **(for emails only)**

Dear UH College Student;

We are conducting a study entitled: *What is the Lived Experience of College Students who have a Family Member with PTSD who Served in the Iraqi-Afghanistan Armed Conflicts?*

- Are you a college student who is 18 years of age or older?
- Do you have a family member with PTSD who served in the Iraqi-Afghanistan Armed Conflicts? (OEF/OIF/OFS/OND/OIR)

If the answer is YES to both questions…
We would like to invite you to participate in a research study.

The purpose of this study is to gain insight into the lived experience of college students who have a family member with PTSD who served in the Iraqi-Afghanistan armed conflicts. The study is being conducted across six University of Hawai`i Campuses on the island of Oahu in collaboration with the UH Offices of Veteran Student Services.

- Participants will be interviewed anonymously, the interview will last approximately 60 minutes, and will take place at a mutually agreeable location.
- Participants will be compensated for their time with a gift card.
- Participants can review a summary of the results of the study if desired.

To learn more about the study contact the Student Investigator/Doctoral Student below.

Sincerely,

Abbie J. Neves, MSN, APRN-Rx, Child/Adolescent PMHCNS, BC,
Student Investigator/Doctoral Student

University of Hawai`i at Mānoa, Department of Nursing
2528 McCarthy Mall, Webster Hall 406
Honolulu, HI 96822
Phone: (808) 956-8341
Email: Abbie.Neves@hawaii.edu

UH IRB Approval Date 09/05/2018 – 09/04/2019. Protocol ID # 2018-00603. *This research study is being conducted by student investigator, Abbie Neves, MSN, APRN-Rx-BC under the supervision of principal investigator Dr. John Casken, RN, MPH, PhD, as part of the University of Hawai`i Doctoral Program in Nursing and has been approved by the Institutional Review Board (IRB) for Protection of Human Research Participants.*

APPENDIX G

University of Hawai‘i

Informed Consent

Aloha! My name is Abbie Neves and you are invited to take part in a research study. I am a graduate doctoral student at the University of Hawai'i (UH) at Mānoa in the Department of Nursing. As part of the requirements for earning my graduate degree, I am conduction a research study.

What am I being asked to do?
If you participate in this study, we will meet for an interview at a location and time convenient for you.

Taking part in this study is your choice.
Your participation in this study is completely voluntary. You may stop participating at any time with no penalty or loss to you. Your choice to participate or not participate will not affect your rights to services at UH or the UH Office of Student Veteran Services.

Why is this study being done?
The purpose of this study is to gain insight into the lived experience of the phenomenon of intergenerational trauma in college students who have a family member who is a veteran with PTSD who served in the Iraqi-Afghanistan armed conflicts. This study is being conducted across six UH Campuses on the island of Oahu in collaboration with the UH Offices of Veteran Student Services. I am asking you to participate because you are a college student in the UH system.

What will happen if I decide to take part in this study?
If you decide to take part in this study, you will be asked to review and sign this consent form, fill out a demographic data sheet, and schedule to be interviewed at a location and time convenient for you. The interview will consist of open ended questions such as; *What have you experienced in terms of having a family member with PTSD who served in the Iraqi-Afghanistan armed conflicts? What situations have typically influenced or affected your experiences?).* You may also review all of the interview questions if desired. The interview will take approximately one hour and only you and I will be present during the interview. With your permission, the interview will be audio-recorded so the responses can be transcribed and analyzed. You will be one of about 10 - 15 people who will be interviewed for this study.

What are the risks and benefits of taking part in this study?
The risks for participating in this research study are the possibility that you may experience some emotional or psychological distress while answering questions or discussing certain topics during the interview. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop the interview, or you can withdraw from the study altogether, even following the interview. If you should experience psychological distress as a result of participating in this study you can seek assistance through one of the mental heal
th resources on the list that will be provided to you or through the UH Mānoa Counseling and Student Development Center (CSDC) Queen Lili‘uokalani Center for Student Services Room 312, Honolulu, HI 96822 (808) 956-7927 or through your private provider. There will be no direct benefit to you for participating in this study. The results of this study may help improve programs at UH and/or UH Office of Student Veteran Services to benefit future students who are family members of veterans with PTSD who served in the Iraqi-Afghanistan armed conflicts. You may review a summary the results upon completion of the study if desired by contacting the student investigator.

APPENDIX G (continued)

Privacy and Confidentiality:
You will be allowed to select the time and place of the interview and only need to share the information that you feel comfortable sharing. All study data will be secured in a locked filing cabinet in a locked office and/or encrypted on a password protected computer. Only the Student Investigator and Principal Investigator will have access to the information. The UH Human Studies Program also has the right to review research records for this study. After a period of one year the audio-recordings will be erased or destroyed. When I report the results of my research study, I will not use your name. I will not use any other personal information that can identify you. I will use pseudonyms (fake names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Compensation:
You will receive a $25 gift card to either Starbucks or Jamba Juice as compensation for your time and effort in participating in this research study.

Future Research Studies:
After removal of any personal identifiers, the data may be used for future research studies without further consent or financial compensation.

Questions:
You are welcome to ask questions prior to signing this informed consent. If you think of any questions about this study at a later date, please contact the Student Investigator Abbie Neves at Abbie.Neves@hawaii.edu or (808) 956-8341 or Principal Investigator, Dr. John Casken at (808) 956-5750 or casken@hawaii.edu You may contact the UH Human Studies Program at (808) 956-5007 or uhirb@hawaii.edu to discuss problems, concerns and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit http://go.hawaii.edu/jRd for more information on your rights as a research participant.

If you agree to participate in this study, please initial "yes" or "no", print your name, sign, and date below. Then fill out the Demographic Data sheet, in which you will be identified by a pseudonym as opposed to your real name and will be kept separate from the Informed Consent. You will be provided with a signed copy of this Informed Consent for you to keep for your records and reference.

Please initial next to either "Yes" or "No" to the following:

___ Yes ___ No I consent to be audio-recorded for the interview portion of this research.

___ Yes ___ No I consent to the transcribed audio-recording data (redacted of any personal identifiers) to be used for future research in the clinical area of intergenerational trauma being investigated under this study without any further consent, or financial compensation.

Signature(s) for Consent:

"I certify that I have read and that I understand the information in this consent form, that I have been given satisfactory answers to my questions concerning the study, and that I have been advised that I am free to withdraw my consent and to discontinue participation in the study at any time without any negative consequences to me. I herewith give my consent to participate in this study with the understanding that such consent does not waive any of my legal rights. A copy of this Informed Consent form has been provided to me"

_____	_____	_____
Participant Name (Print)	**Signature**	**Date**
_____	_____	_____
Student Investigator Name (Print)	**Student Investigator Signature**	**Date**

UH IRB Approval Date 09/05/2018 – 09/04/2019. Protocol ID # 2018-00603. *This research study is being conducted by student investigator, Abbie Neves, MSN, APRN-Rx-BC under the supervision of principal investigator Dr. John Casken, RN, MPH, PhD, as part of the University of Hawai`i Doctoral Program in Nursing and has been approved by the Institutional Review Board (IRB) for Protection of Human Research Participants.*

APPENDIX H

Demographic Data Sheet

(To be stored separately from informed consent)

Pseudonym: _____ (To be assigned by student investigator. This pseudonym will also be used for the audio recording of the interview and for the transcribed interview).

Student's Age: _____

Student's Gender: _____

Student's Relationship to Family Member with PTSD:

___ Adult Child

___ Spouse/Partner

___ Parent

___ Other (please specify) _____

Student's University of Hawai'i (UH) Campus: (check all that apply and circle primary one)

___ UH Mānoa

___ UH West O'ahu

___ Honolulu Community College (HCC)

___ Kapi'olani Community College (KCC)

___ Leeward Community College (LCC)

___ Windward Community College (WCC)

APPENDIX I

University of Hawai`i

Mental Health Community Resources

(To be given to participant prior to interview)

If you should experience any psychological distress after the interview you can seek assistance through one of the mental health community resources below or through your private provider.

UH Mānoa Counseling and Student Development Center - Queen Lili‘uokalani Center for Student Services Room 312, Honolulu, HI 96822 (808) 956-7927
http://www.manoa.hawaii.edu/counseling/our_services/

Military One Source - for Active Duty, Guard, Reserve Members, and their families 1-800-342-9647 (24-hour information and referral) https://www.militaryonesource.mil/

Veteran’s Crisis Line 1-800-273-8255 (Call Press 1, chat or text) For veterans, active duty service members, national guard, reserve, their family members or friends
http://www.veteranscrisisline.net/

Army Community Service - support programs, services and various training and education to Soldiers, Families, Civilians and Retirees stationed on Oahu. (808) 655-4227
https://hawaii.armymwr.com/programs/acs-welcome

Adult Mental Health Division Crisis Line of Hawaii (808) 832-3100 (24-hour crisis line)
http://health.hawaii.gov/amhd/consumer/access/

National Suicide Prevention Lifeline 1-800-273-TALK (8255) (24-hour call or chat)
http://www.suicidepreventionlifeline.org/

The National Hopeline Network 1-800-SUICIDE (1-800-784-2433) Hotline
http://www.treatmentadvocacycenter.org/index.php?option=com_content&id=619 or chat
https://www.imalive.org/

APPENDIX J

University of Hawai`i

Interview Guide

Good morning/afternoon/evening, my name is Abbie Neves. I am the student investigator in this study. My contact information is in the informed consent that you signed, let me know if you need my contact information again. I would like to thank you for agreeing to participate in this study. Keep in mind that you only need to share information that you feel comfortable sharing. If you do become stressed or uncomfortable during the interview, you may skip the question or take a break. You can also stop the interview or withdraw from the study altogether. Here is a list of Mental Health Community Resources where you can seek assistance should you experience any emotional or psychological distress after the interview. You may review a summary of the results upon completion of the study if desired by contacting me. You will be provided with a gift card at the end of the interview as compensation for participating in this study. Do you have any questions before we begin?

Okay, I am going to start audio recording now and will be referring to you by your pseudonym. I understand that you have a family member with PTSD who served in the Iraqi-Afghanistan armed conflicts. I would like you to tell me more about your experience from your perspective. I am going to ask you a few questions to get things started.

11. What have you experienced in terms of having a family member with PTSD who served in the Iraqi-Afghanistan armed conflicts?
12. What situations have typically influenced or affected your experiences?
13. Describe any changes you have noticed in yourself and what you think these changes mean?
14. How did you cope with your family member's PTSD and who did you rely on for support?
15. Describe how you found out that your family member had PTSD?
16. Did your family member talk about their traumatic experiences and did that make it harder or easier to deal with?
17. Describe any changes you noticed in your family member and what you think these changes mean?
18. How did your family member cope with their PTSD and who did they rely on for support?
19. Describe what have been some of the hardest things to deal with?
20. Describe any positive changes that have happened?

I will be stopping the audio recording now. Before you leave, I would like to offer you an opportunity to debrief now that we are done with the interview. If you don't feel that you need to debrief then you may leave.

UH IRB Approval Date 09/05/2018 – 09/04/2019. Protocol ID # 2018-00603. *This research study is being conducted by student investigator, Abbie Neves, MSN, APRN-Rx-BC under the supervision of principal investigator Dr. John Casken, RN, MPH, PhD, as part of the University of Hawai`i Doctoral Program in Nursing and has been approved by the Institutional Review Board (IRB) for Protection of Human Research Participants.*

APPENDIX K

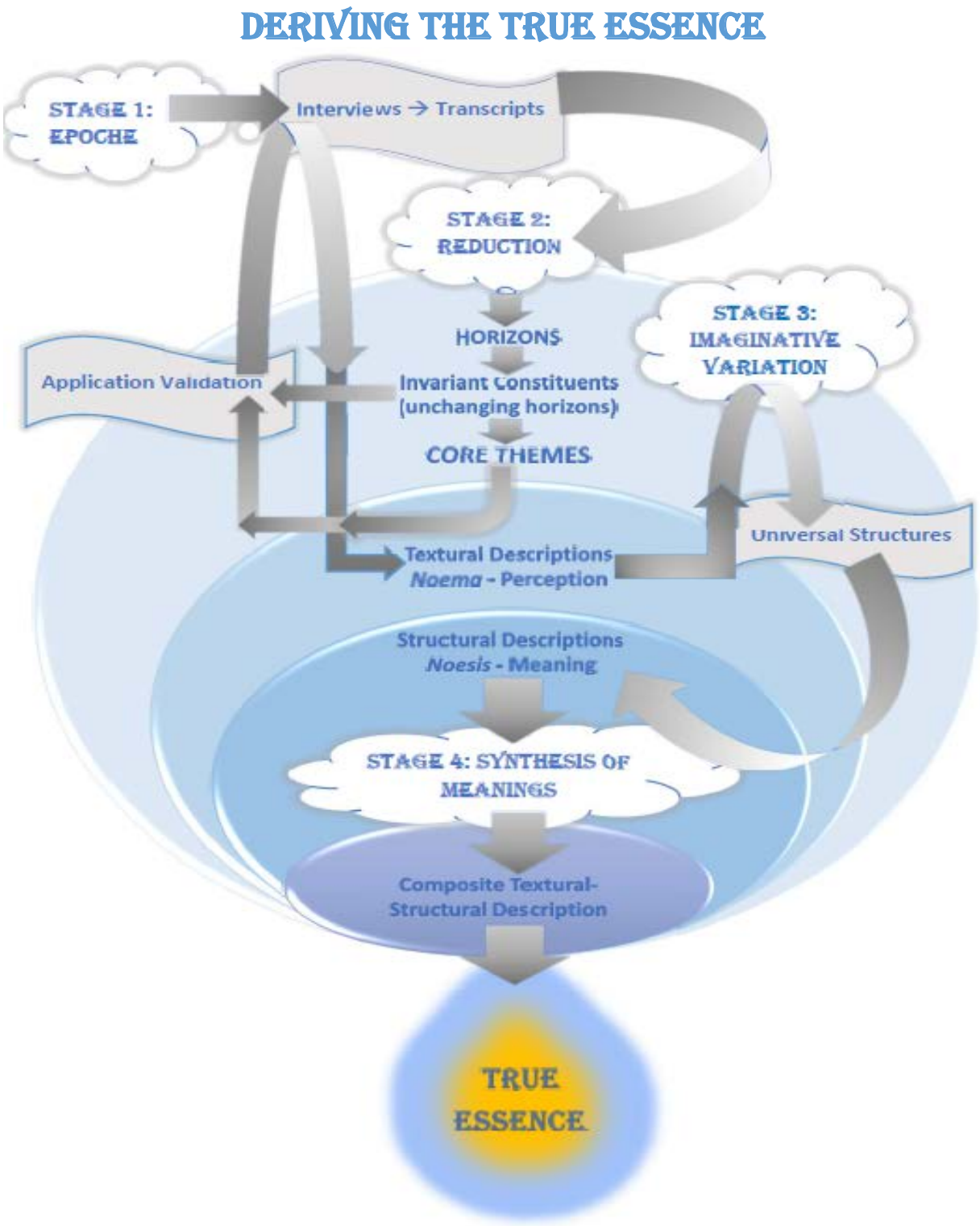

Figure K3.1. Deriving the True Essence – A Graphic Depiction of Moustakas' (1994) Modified Van Kaam Method of Transcendental Phenomenological Reduction (Neves, 2019)

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